V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09867
1. PLACE OF DEATH/	29
County otredlright	Registration Dist. No. 1
Village or City Lale Sanaloum	No. My. St., Ward
Length of residence in city or lown where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William & an	raevino V.
(a) Residence; No. 1656 8 . 25 th	Baltina No had
(a) Residence. No. (Usual place of abode)	St., Ward. A COMO I MA If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH ROMY 17
made while single	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I attended decased from
6. DATE OF BIRTH (month, day, and year) Feb. 7. 1905	Plast saw h MM alive on Sept 16, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2:30 A.m.
27 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, Mauffeur	A A STA A '
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Ullmonary Interculosis
11. Total time (years)	
this occupation (month and le. 1931 spant in this occupation, when	ox
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of Importance:
(State or country)	Tille culton Alexiton to
13. NAME William E. angevino	
13. NAME William E. anguine 14. BIRTHPLACE (city or town). Maryland.	Name of operation Moyel Data of
(State of Country)	What test confirmed diagnosis? Chest Xray & Pos Was there an au opsy? No
15. MAIDEN NAME Margaret Page 16. BIRTHPLACE (city or town) Margaret	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or hours Start
17. INFORMANT William (Mystrane (p) made	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Chrederick Date unknown	Manner of injury
C. No. + Ctal Asa	Nature of injury
19. UNDERTAKER (1) FULL (Addiess) FA 9 CO D ESTA	24. Was disease or injury In any way related to occupation of deceased?
00 51150 VAL 17 11 11 11 11 11 11 11 11 11 11 11 11	(Signed) Curas & Shaffer M. D.
20. FILED Registrar.	(Ardress) State Sanatorium ma
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

and the second	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

N. B.—WRITE PLAINE

1/	infor-	state	IIPA.
	Jo	plu	C
P	item	shor	of O
	A. NT RECORD. Every item of infor-	PHYSICIANS should state	sified. Exact statement of OCCIIPA-
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•	ECOF	PHY	Xact .
	LR	Z.	T
5	Z	LL	bd
ING	1	CTLY.	Siff

1. PLACE OF DEATH		93-0	
County de derecte	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 1 31	
Village or City Morlevus	trapital (1	No. Mouteur broulest, f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where de	ath occurredyrs,/mos	29_ds. How long in U.S. if of foreign birth?yrsmc	s
2. FULL NAME James	dusten,		
(a) Residence: No.	(Usual place of abode)	. St., Ward. If nonresident give city or town and	Ca.a.
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male Colored	OR DIVORCED (write the word)	(Month) (Day)	, 193 Z
5a. If married, widowed, or divorced HUSBAND of		The state of the s	
(or) WIFE of Levery Che	slu	22. f HEREBY CERT f FY, That I attended	19_1
6. DATE OF BIRTH (month, day, and year)	882 MA 2.	I last saw h line alive on Sept 11 ,1932	; death i
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.304m.	
50 6	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	b P 1 - 1 -		
9. Industry or business in which	my danier	01 24 - 2	19
work was done, as SILK MILL,	••••	Chounty yacutacus	13-4
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yaar) July 3, 143 E	occupation	Other Contributory Causes of Importance:	~~=~=
12. BIRTHPLACE (city or town) 4 San	oluna	- A	10 0
	. † .	Untero Delerosia	34
	sec.	Name of operation Municipal Date of	-1-7-
4 14. BIRTHPLACE (city or town)		What tast confirmed diagnosis? Was there an a	utonev2
15. MAIDEN NAME Lucy H	aubicis	23. If death was due to external causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town)	inimi	Accident, suicide, or homicide? Date of Injury	
(State or country)		Where did injury occur?	
17. INFORMANT Ques Q.	Jones Such	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
(Address) A Dollow Hos	A. Trederilo 184.		
May and him	Date 13-52× 1032	Manner of injury	
10 HADESTANES ASTRACTOR OF THE	Carl Sul	24. Was disease or Injury in any way related to occupation of deceased?	no
19. UNDERTAKER CAUCHE CO. (Address) Technology	en led.	If so, specify	
20. FILED 3- Seft 1932	Instern.	(Signed) Del Morrica	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Q3/13038	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be carefully supplied.

-WRITE PLAINLY,

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09869
1. PLACE OF DEATH	<u></u>
County Frederick	Registration Dist. No. 140
Village or City Moods boro	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Samuel IN Ba	nich
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(ar) WIEF of Clara Stove	aug. 11 ,1932, to Sept 16 ,19,32
6. DATE OF BIRTH (month, day, and yeer) Oct. 13 - 1851	Hast say h sin alive on Sept 16, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at6_Pm.
80 // 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10 Date deceased last worked at this occupation (month and	(Crlesioselaros 6
work was done, as SILK MILL, Mary of home	
11. Total time (years) this occupation (month and spent in this	
yaar) 4712 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Samuel She Harrief 14. BIRTHPLACE (city or town)	
I4. BIRTHPLACE (city or town)	Name of operation
	What tast confirmed diagnosis?
I STATE OF THE STA	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Harry It Barrief (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr. Aspe Cem Date Seft. /219.34	Nature of injury.
19 UNDERTAKER Powell & Albaugh	24. Was diseesa or injury in any way related to occupation of deceased?
(Address) Woodstore My.	If so, specify
20. FILED Sept. 191932 ~ 6 Purll	(Signed) 6 W. Dleelty M. D.
Registrar.	(Addrass) Mordal and Md.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GENERAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.3

ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1987)
stat UPA	1. PLACE OF DEATH	23
ould occ	County et rederick	Registration Dist. No. / 3 7
item of should of OCC	Village or City State Sana Wrum	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
at S	Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
Every CIANS ement	2. FULL NAME Slorge CT 10	seal. ont. 1
RECORD. 1 . PHYSIC Exact state	(a) Residence: No. 1155 Haubert (Usual place of abode)	St., Ward. Sallo Md. If nonresident give gity or town and State
PH ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RECC	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH SEXX. 21, 198 2
T I led.	5e. If married, widowed, or divorced	(Mofilh) (Oay) (Yeer)
MANEA (ACT)	HUSBAND OF Mary Beal	1 HEREBY CERTIFY, That I ettended decessed from
PERM EXA ly cla	6. DATE OF BIRTH (month, day, end year)	I last saw h MM elive on Sent 20 1932; death is said
IS A PE stated E properly certificate	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2:10 Hm.
IS A I stated properlectifical	40 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted couses of importance were as follows:
HIS I be s of ce	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11 Total time (years)	Date of onset
k—TI ould may back	Industry or business in which work wes done, as SILK MILL,	0 0
<u> </u>	SAW MILL, BANK, etc.	Tulmonary/werculosis
O C E	11. Total time (years) this occupation (month and year)	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) . Balto. Md.	Other Coutributory Causes of importance:
AD d. s, s	(State or country)	it atal himman Hemorhane
UNFA upplied terms,	# 13. NAME George Beal	
Data "	13. NAME Surge Vseal 14. BIRTHPLACE (city or town) Maryland	Name of operation Deterof
lai.	(State of country)	What test confirmed diagnosis? Laut Xnay Y Por Was there an au opsy? Mu
WI refull in p	15. MAIDEN NAME Wary W heatley	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
call FH	15. MAIDEN NAME Mary Wheatley 16. BIRTHPLACE (city or town) M. wry and (State or country)	Accident, suicide, or homicide? Date of injury, 19
	Good Barles II	Where did injury occur? (Specify city or town, county and Stale)
3 PLA Should OF D.	(Address) 1155 Hawley St. 13 at to md.	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
G .	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRIT nation CAUSE	Place 2 at 10 bail milyman of	Nature of injury
WRITH mation s CAUSE TION is	19. UNDERTAKER M. L. Classer (Address) Than Address Ad	24. Was disease or Injury in any way related to occupation of deceesed?
m (T)	01.11.6	(Signed) Alewart & Shoffer M. D.
z	20. FILEO 7/14 Registrar.	(Ardress State Sanatorin M.
		1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1, PLACE OF DEATH pluods Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred Every statement PHYSICIAN RECORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of PERM 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs to have occurred on the date stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. Date of enset 8. Trade, profession, or particular kind of work dona, as SPINNER, C THIS CCUPATION SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which pluods work was done, as SILK MILL. SAW MILL, BANK, etc INK. 11. Total time (years)
spent in this
occupation On 10. Dato deceased last worked at this occ pation month an year) Onlan instructions ADING Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following in DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? ___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT should very OF (Addrass) 18. BURIAL, CREMATION, Manner of injury -WRITE CAUSE nation Nature of injury LION 24. Was disaase or injury in any way ralated to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20, FILED 1. 6. Je Registrar. (Address) If more Manks are needed, address State Rogistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BIND

FOR

RESERVED

MARGIN

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MARGIN RESERVED FOR BINDI

	County	Fred	erick.				93-50 Registrati	on Dist. No. 14	0
	Village or Ci	ty Ne	ar Ladi	esburg			No.	St.	1
	Length of rasid	lence in cit	ty or town where	e death occur	rred		death occurred in a hospital or institution, give its NA		
2	. FULL NAM	VIE _ 1	lahlon A	ndrew	Bowe	ers			
	(a) Residence		~~~~				St., Ward.		
	PERSON	AL AN	D STATIS			of abode)	If nonresid	lent give city or town and	State
3. 5	sex male		R OR RACE	5. SINGI OR D	LE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September (Month)		, 193(Ye
5a.	II merried, widowe HUSBAND of (or) WIFE of	d, or divo					22. 1 HEREBY CERTI		
6. I	DATE OF BIRTH (1	month, day	(, and year) D	ec. 10	, 18	360	Mast saw him afive on Out	4 ,10/2	, death
	AGE Year		Months 8	4	ays	ff LESS than I day, hrs. ornin.	to have occurred on the data stated above, at	auses of importance	Oateo
NON	8. Trada, profass kind of we SAWYER,	sion, or pe ork dona, a BOOKKEEI	erticular as SPINNER, PER, etc	Retir	od I	7	av.		
							chance 140	carditi.	
UPA	Industry or b work was SAW MILI	usiness in done, as S	which G	eneral			epience 7450	cadilla	
OCCUPAT	work was SAW MILI 10. Date decease	usiness in done, as S L, BANK, e d lest work ation (mon	which G BLK MILL, etc		Far			caid, ii.	
0	work was SAW MILI 10. Date decease this occup	done, as S L, BANK, e d lest work ation (mon	which G SILK MILL, etc	11	Far	rming ime (years) nt in this	Othar Contributory Causes ol importance:	caidius	
12.	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (cit) (Stata or county)	usiness in done, as S L, BANK, e d lest work ation (mon y or town)	which G SILK MILL, etc	land	Far	rming ime (years) nt in this		caidius	
12.	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (cit) (Stata or county)	usiness in done, as S L, BANK, e d lest worlation (money or town) try) hnath (city or town)	which GILK MILL, Green was a second with a s	land	Far	rming ime (years) nt in this	Other Contributory Causes of importance:	Data (il	utopsy?
LAIHER	work was SAW MILI 10. Pate decease this occup year) BIRTHPLACE (city (Stata or count) 13. NAME JO 14. BIRTHPLACE	usiness in done, as S L, BANK, e d lest worl ation (mon try) hnath (city or town)	which GILK MILL, Green was a second with a s	land ers land	Total t spa occi	rming ime (years) nt in this	Othar Contributory Causes ol importance:	Data el	
12.	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (city (Stata or count) 13. NAME JO 14. BIRTHPLACE (State or count)	usiness in done, as S L., BANK, e de d lest worl ation (mon try) hnath (eity or to country) AE (city or to)	which GILK MILL, Greeked at nth and Mary man Bowe wn) Mary Juliann	land ers	Total t spa occi	rming ime (years) nt in this	Othar Contributory Causes of importance: Name of operation	Data el	:
MOIHER PAIHER	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (city (Stata or coun) 13. NAME 14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or 15. MAIOEN STATE OF 15.	usiness in done, as S L., BANK, e d lest worlation (mon try) hmath (city or too country) AE (city or too country) AE	which GILK MILL, Greeked at nth and Mary man Bowe wn) Mary Juliann	land ers land Ambro	Far Total t spa occi	rming ime (years) nt in this	Othar Contributory Causes of importance: Name of operation	Data ei Was there an a Si fill in also tha fallowing Date of Injury V or town, county and Stat	: 19
MOI HER LAINER	Work was SAW MILI 10. Pate decease this occup year) BIRTHPLACE (city (Stata or count 13. NAME 10. 14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or INFORMANT (Address) BURIAL, CREMATI	usiness in done, as S. L., BANK, e. d lest worlation (mon try) hmath (city or too country) AE (city or too country) R Con too country) R Con too country	which GILK MILL, Greeked at nth and Mary man Bowe wn) Mary Juliann wn) Bowers. Bowers. EMOVAL	land ers land Maryl	Far Total t spa occu	rming ime (years) nt in this upation	Other Contributory Causes of importance: Name of operation	Data ei Was there an a Si fill in also tha fallowing Date of Injury V or town, county and Stat	: 19
MOI HER LAINER	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (cit) (Stata or coun) 13. NAME 14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or INFORMANT (Address) BURIAL, CREMATI Place	usiness in done, as S. L., BANK, e d lest worlation (mon try) hnath (eity or to country) AE (city or to country) R	which GILK MILL, Green to the milk MILL, steed at a milk and Mary Mary Juliann wn)	land ers land Maryl	Far Total t spa occi	rming ime (years) nt in this	Othar Contributory Causes of importance: Name of operation	Data ei Was there an a Si fill in also tha fallowing Date of Injury V or town, county and Stat	: \ 19
12. WHEN A HER 17.	work was SAW MILI 10. Date decease this occup year) BIRTHPLACE (cit) (Stata or coun) 13. NAME 14. BIRTHPLACE (State or 15. MAIOEN NAM 16. BIRTHPLACE (State or INFORMANT (Address) BURIAL, CREMATI Place	usiness in done, as S. L., BANK, e. d lest worlation (mon try) hnath (city or too country) AE (city or too country) RE (city or too country) R. La ON, OR RI d.S. D. OR	which GILK MILL, Gric. ked at nth and Mary Mary Juliann wn) Bowers. Giesbur EMOVAL Co, Md	land rs land Ambro Maryl g, Md.	Far Total t spa occi	rming ime (years) nt in this upation	Othar Contributory Causes of importance: Name of operation	Data ei	: \} 1!

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3:days ago
Other contributory causes of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	

ENT RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMAN N. R. WRITE PLATNI

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1.	STATE OF MARYLAN PLACE OF DEATH	122-E)
	County Anderica	Registration Dist. No. 132
/	Village or City Middletown,	Md. No. St., Ward
	Length of residence in city or town where deeth occurred	mosds. How long in U. S. if of foreign birth?yrsmosds.
2.	FULL NAME Staniel ad	am Sowles
	(a) Residence: No. //fiddletows	St., Ward. If nonresident give city or lown and State
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR:	
3. S	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE	OWED, 21. DATE OF DEATH
/	nale thite OR DIVORCED (write the	(Month) (Day) (Year)
5a.	If sharried, widowed or divorced HUSBAND of	22. OLHEREBY CERTIFY, That i attended deceased from
	(or) WIFE out a C Dowler	1 Seff 9 19 to Selt 11 19.3
6. D	DATE OF BIRTH (month, day, end yeer)	3-9 11 saw her alive on Sapt 11, 19 death is said
7. A		S than to have occurred on the date steted brove, at 41.80 _m.
	13 4 27 Iday,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc) 0 1
		Tenloweles ale
OCCUPAT	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	4 Obstra Done
8	10. Date deceased last worked at this occupation (month and spent in this	Nowels
	yeer) occupation occupation	Other Courses of importence:
12.	BIRTHPLACE (city or town) (State or country)	No.
2	13. NAME William Dente	
THER	militate	Name of operation
FAT	14, BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Marshy College	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) Middle texts	Accident, suicide, or homicide? Date of injury 19
Σ	(State or country)	Where did Injury occur?
17.	INFORMANT & Ozellar Contenting (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL / Littlepof for	Menner of Injury
	Place / / / / / Place / / /	Nature of Injury
19.	UNDERTAKER Off photography	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Miscological Miscological	If so, specify Halls 9
20.	FILED of h. 14., 1932 D. Transon Vasses	(Signed)
		Resistant nave N. Charles Street Relimone Persistant T. S. No.

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E	xample I		Example 11	
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	REC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	001.7	July 5,1927	Peritonitis	3 days ago
	L. V	ь		
	1 8024.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			• • • • • • • • • • • • • • • • • • • •	

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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V. S. No. 1

:	STATE OF 1. PLACE OF DEATH County Frederick	MARY		CERTIFICATE OF DEATH 498 Registration Dist. No. 13	
	Village or City Near Burkitt		(If	No. St., f death occurred in a horpital or institution, give its NAME instead of street and b. ds. How long in U.S. If of foreign birth? yrs	number)
	2. FULL NAME Mrs. Sarah. (a) Residence: No.	Ellen B		St., Ward. If nonresident give city or town and	d State
3.	C	INGLE, MARR	IED, WIDOWED, (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Sept. 23, (Month) (Day)	, 193 2 (Year)
	Husband of Franklin Bowlu (or) WIFE of Franklin Bowlu	t. 26,	1842	22. I HEREBY CERTIFY. That I attended Oug 28 1932, to Sept 22 Hast saw have alive on Sept 22 1932	19.32
-	AGE Years Months 88 11	Days 27	If LESS than I day,hrs, ormin,	to have occurred on the date stated above, at	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total tin		Carcinoma of Stomach Malmetulien Similary	
	2. BIRTHPLACE (city or town) laryland (State or country) 13. NAME John Beachley			Other Contributory Causes of importance: - Artero & Claroni (Franket) - Brown Chappenonia - Cystalis + Chinic Hallmers	Siglao
FATHER	(State of Country)			Name of operation — Dete of	autopsy? 212
MOTHER	15. MAIDEN NAME Catherine Li 16. BIRTHPLACE (city or town) (State or country) John S. Bowlus. 7. INFORMANT (Address) BUrkittsville,	ıđ		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC Plants.	, 19
18	8. BURIAL, CREMATION, OR REMOVAL Place Brondrun Md	ate Sept	25 . 19 32	Manner of injury	
	o. FILED Sept 23, 1922 . Care	Son.	OLUMA Registrar.	24. Was diseese or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) Aggus Mg	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Equesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	At a water	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUEFAU V			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1 N. B.—V

	. DI 402 02 22		OF MAR	YLAND-	CERTIFICATE OF DEATH	09875
	1. PLACE OF DE				81-0	121.
	County Fred				Registration Dist. No	.107.
	Village or City	rrederick		(1)	No. death occurred in a hospital or institution, give its NAME instead of	St., Ward
	Length of residence i	in city or town where	death occurred.		ds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAME	Mrs. Ida	lay Boyce	3	•	
		o. 319 E.	Church S	St. Frede	200,000	
unidite	PERCONAL	AND STATIST	(Usual place	per entre de la companya de la compa	If nonresident give city	
3		OLOR OR RACE	-	RRIED, WIDOWED,	MEDICAL CERTIFICATE OF D	EATH
	female c	olored		ED (write the word)	Sept. 21,	, 193. 2 (Yeer)
56	. If merried, widowed, or HUSBAND of (or) WIFE of	muel W. Bo	yce		22. I HEREBY CERTIFY, Thet	ttended deceased from
6.	DATE OF BIRTH (month	dev end year) Ju	ly 12. 18	880		, 193 2-death is seid
	AGE Years 52	Months	Days	If LESS than I day,hrs.	to have occurred on the date steted above, et 2 . 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Impo	
-	8. Trede, profession, o	r particular		ormin.	were es follows.	Date of onset
NO	kind of work do	Me, as SPINNER, KEEPER, etc.	lousewife		upromas	8-5-3
OCCUPATION	Industry or busines	es SILK MILL, IK, etc.	Home			0. U. B
200	SAW MILL, BAN 10. Date deceesed lest	IK, etc.	Ch 11 Tabel	hima (
ŏ	this occupation ((month and		time (yeers) ent in this cupation 23		
					Other Contributory Causes of importance:	
12	. BIRTHPLACE (city or to (State or country)	wn)Puetry_Let	.110		atheroma	21-3
EB	13. NAME Peter	M. Webb			009,40207	
FATHER	14. BIRTHPLACE (city of		ryland		Neme of operation	
ER	15. MAIDEN NAME A	nnie Vilso	n		Whet lest confirmed diagnosis? Wa 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also t	
MOTHER	16. BIRTHPLACE (city of	or town)	land		Accident, suicide, or homicide? Dete of in	•
17	INFORMANT Samu	el W. Boyo Frederick,			(Specify city or town, cou Specify whether injury occurred in industry, in HOME, or in	inty and State) PUBLIC PLACE.
18	BURIAL, CREMATION, O		I EM		Menner of Injury	
_				t. 25, 19 32	Neture of injury	
19	HMDEDTAKED	R. Etchisc			24. Wes diseese or injury In eny way related to occupation of de	ceesed? 200
	(Address)	derick, No	01	4	If so, specify	
20	FILED 23-Sept.		1 mi	Cush: Registrar.	(Signed) . D. Drokes (Address) Tre denck	nd. M.D.
		If more	Clanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	PECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1992	July 5,1927	Perilonitis	3 days ago
	REPRAIL V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 09877
1. PLACE OF DEATH	93-2
County trederica &	Registration Dist. No. 137
Village or City Mear Lands	No. St, Ward
200	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred & yrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME FLOREISEL Musson	in Dussard
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Seph 2 193 2
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
Xavviii Sussay	Jenu 10 1925, to 7/2 1932
6. DATE OF BIRTH (month, day, and year) fan 32-1865	I last saw harmaliva on 19.3. 2 death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
6 / 1 / 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	romonic
	mures and it
9. Industry or businass In which work was dona, as SILK MILL, Own hame SAW MILL, BANK, etc.	77770 0011000
10. Date daceasad last worked et dung 1932 11. Total time (years) spent in this occupation (month and dung 1932 spent in this 40 gue	
year) occupation occupation	
12. BIRTHPLACE (city or town) taxvelle	Other Charibatary Causes of importance:
(State or country)	0
II 13. NAME Tohn J. Fay	William 4.
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy
15. MAIDEN NAME (ornelia am Bahma 16. BIRTHPLACE (city or town) + Faty - Constant	f death was due to axternal causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) tontille	Accidant, suicide, or homicide? Data of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Sarah D' Dussard (Addrass) Land Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa to will Date State 4, 1930	Nature of injury
19. UNDERTAKER M. D. QUEARY Hand	24. Was disease or injury in any way related to occupation of daceasad?
(Address) Alleman on ma	If so, specify
20. FILED Aft 4 1922 6 A Stern	(Signed) W.O.
Registrar.	(Address Blief Light Lines)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Olo. 1.

Statement of occupation.—Precise statement various pursuits can be known. Make some entry three had retired from business, report the occ returned as at school or at home. For a woman in answer to Question 8 and own home in answer however, designate the occupation by the approp who had no occupation whatever write none.	y in this secupation prion whose only to Question riate terms,	ction for every person aged 10 years or or or to retirement. Children not gainfully en by occupation was that of home housework, or 9. For a person engaged in domestic sec	ver. If the de- mployed may be write housewife wice for wages.
To be complete, an occupation return must s			
The trade, profession, or particular	kind of wo	rk done.	bue
79 The industry or business in which to 10. The month and year the deceased la	the work wa	as done.	H
11.—The number of years the deceased fa	followed the	occupation.	
Lastating the occupation, avoid the use of s	ueh indefini	te terms as "employee," "worker," "operat	ive," etc. Find
In stating the industry or business, avoid the particular kind of store, factory, mill, etc., a	s grocery s	tore, soap factory, cotton mill, etc.	: 21
***Distinguish carefully the different kinds of chanical engineer, mining engineer, stationary er of the occupation can be secured. Do not use the machinist, etc. Distinguish carefully between r should be called a salesman and not a clerk.	engineers b igincer, etc. word "mec	y stating the full descriptive titles, as civ Avoid the term "laborer" when a more pr hanic," but give the exact occupation, as ca	recise statement rpenter, painter,
-mode of dying, e. g., heart failure, asphyxia, ast As related causes, name earlier morbid condition of the principal cause. Under other contributory ca	thenia, etc. is. if anv. r	As principal cause name the disease or injureleated to the principal cause and any import	y causing death.
***************************************	12 E) 1	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related by of importance were as follows:	Auses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	2 1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July5,1927	Peritonitis	3 days ago
a 8 % b % a m a m a m a m a m a m a m a m a m a			
		10 to	-10
		A. T.	**
Other contributory causes of importance:		Other contributory causes of importance:	elw.
GalMones	May 1,1923	Gastroenteritis	1 year
Sure)			
	1		
ADDITIONAL CDACE D	OD BUDGH	DD COLORESTENIO DV DIVOLCIAN	
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	
3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		44**********	
.Q.M		4	

dress)

If more blanks are needed, address State Registrar, 2411 N. Charle Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9879
County Frederick 600	Registration Dist. No. /3/
Village or City Natislatura	death occurred in a hopoital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmost	1 /1
2. FULL NAME Cussell & Carling	rel
(a) Residence: No. Muddellorn West (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH Sep (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Sept 2 , 1932, to Sept 2 , 1932
6. DATE OF BIRTH (month, day, end year) June 14 1 1910 7. AGE Yeers Months Days If LESS than 1 dey, hrs. or rain.	alive on alive on 1932 deeth is seid to have occurred on the date stated above, at 9 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oute of onset
Note decessed lest worked at 2 Sept 11. Totel time (yeers) 10. Date decessed lest worked at this occupation (month and	Fraction Strull 2845.
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Canses of importance:
13. NAME Suise &. Cartual	
13. NAME Suma E. Carlual 14. BIRTHPLACE (city or town). Maryland	Name of operation. Dete of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME or a M. Wike 16. BIRTHPLACE (city er town) Manyland (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? A COUNTY Code of injury 1932. Where did injury occur? Muchalle Corry LUA
17. INFORMANT Sara M. Dite Cailiae	(Specify city or town, county and State) OSpecify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Puglicy Aug.
18. BURIAL, CREMATION, OR REMOVAL PIECE RELABELIEURS Octo 4 Sept , 1932	Manner of Injury Struct over 100 d Neture of Injury Freeting Kulf
19. UNDERTAKER Address Heddleton hedrick & the	24. Was disease or injury In any wey related to occupetion of deceased? 20012
20. FILEO 4 Sept , 1932 = from Cindy Registras.	(Signed) M.D. (Address) Friederic lef
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH County Tridings with	STATE OF MARYLAND CERTIFICATE OF DEATH
ALERA A . II	Registration Dist. No. 14/
Village or City MMMMM (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Wolored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LEST 6, 1952 (Month) (Day) (Year)
6 DATE OF BIRTH Mohorown, 1	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) (Partition of the partition	and that death occurred on the date stated above, at m. The COUSE OF DEATH * was as follows: (Duration)
(Informant) / Image To THE BEST OF MY KNOWLEDGE (Address) Dramawyk Ind (Address) To The Best OF MY KNOWLEDGE (Address) To The Best OF MY	if not at place of death? Former or usual residence
Registrar If more branks are needed, addre.s State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, without more precise specification as Day Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal effect (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (sccondary), stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Megsles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS State MEANS OF INJULY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular etc. The contributory affection need heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M.

1. PLACE OF DEATH		95-6
County Frederick		Registration Dist. No. 137
Village or City new Hisso		· No. St W
Leadh of wellens to site a know they do		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where dea	th occurred the yrs mos	sds. How long in U.S. If of foreign birth?yrsmosmos.
2. FULL NAME Come (b. Olawner.	
(a) Residence: No.	<u></u>	St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
£ 1 mf:1=	OR DIVORCED (write the word)	Defet = 28 = 1937
5a. If marriad, widowed, or divorced	Widoso.	(Month) (Day) (Year)
(or) WIFE of Stee James X.	0/	22. HEREBY CERTIFY, That I attended deggased for
felle James J. O	. Orasomer.	Sept. 26 7 1032 to Sept. 28 1937
6. DATE OF BIRTH (month, day, and year) 185	8-12-3.	I last saw her alive on Sept. 26 7 , 1902 death is
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1/2 1m.
73 9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	· formal	arterio-Seterosis ante
SAWYER, BOURKEEPER, etc	worne,	
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		Frant Complications, "
10. Date deceased last worked at	11. Total time (years)	·
this occupation (month and year)	spent in this occupation	
Janes 1	arela	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	rland.	
13. NAME David nua	Vann	
I P	id la	
14. BIRTHPLACE (city or town) (State or country)	land,	Name of operation Date of
15. MAIDEN NAME Mary (chen	What test confirmed diagnosis?
E PA	-1.6-	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) The state of country)	resis of	Accident, suicide, or homicide? Date of injury, 19 Whera did injury occur?
I Leavis Co	no in inch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) P.F. D. 3. Name	Hinden med	Specify whether injury occurred in Thousant, in Home, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 29	Manner of Injury
Place It mitus benettery,	Date Oct = 1 = /1932	Nature of injury
19. UNDERTAKER 6. M. Walts	/	24. Was diseasa or injury in any way related to occupation of deceased? 20
(Address) Him Prelie	md.	If so, specify
101420 1 20	(P) 1	(Signed) Sa M. Beall M
20. FILED 41 7 , 193 R	Registrar.	(Address) Lebertytown Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A Video			
Other contributory causes of importance:	6 - 11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Frederick	Registration Dist. No. 152
Village or City Walkerswill	No. St, Ward
Length of residence in city or town where death occurredyrsyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mus. Ellargaret C.	Grune
(a) Residence: No. (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("cortice the word) Wishowld	21. DATE OF DEATH September (Day) 193 2- (Year)
5a. If merried, wildowed, or divorced HUSBANO of (or) WIFE of David Grunn	22. I HEREBY CERTIFY, That I attended deceased from Capal. 12 1929, to Sepot. 9, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 7 A.m.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et this occupation (month and year)	Other Contributory Causes of Importance:
13. NAME Solomn Greage 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
- FEWER FOR	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place 11 10 10 10 10 10 10 10 10 10 10 10 10	Manner of injury
19. UNDERTAKER Storre G. Barton (Address) Waltursunde mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILENCET: 10Mps 32 Roman Stauffer. Registrar.	(Signed) Japan M. D. (Address) Walkensvilled Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159) (19883
County Frederick	Registration Dist. No. 140
	No. St., Warder of death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Crue	<u> </u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from
	Jefr. 24, 1932, 10, 19
6. DATE OF BIRTH (month, day, end year) Left - 24, 1932	I lest sew handalive on 47 1932; death is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the dete steted ebove, at 2-4-m. The PRINCIPAL CAUSE OF DEATH end related causes of importence
2 Trade profession or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Muster Cano
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month end spent In this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I J	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	What test confirmed diegnosis?
15. MAIDEN NAMEN LOS PROGRAMS OF STATE	Accident, sulcide, or homicide? Dete of injury, 19
State or coughty)	Where did Injury occur?
17. INFORMANT Dryer w Character (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plece Mt. Hope Date Sept. 26, 1932	Neture of Injury
19. UNDERTAKER Broell & Albaugh	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Woodsbore 1990.	If so, specify
20. FILED Sept. 26, 1921 7 6 Powell	(Signed) Holewook Deller M.D.
Registrar,	(Address). Pelour any.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I][Example II	44:3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	LN	T.	d.]		
MARGIN RESERVED FOR BIND.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.		
RIN	ERM	EX	y cla	te.	
JK.	AP	ted	perly	TION is very important. See instructions on back of certificate.	
¥	SIS	sta	pro	cert	
ED D	HIS	l be	· pe	Jo 3	
K.V	Ĺ	plnor	may	back	
Z.	Z	S	t it	on	
X X	5NG	AGE	that	ions	
Z	DI	_:	So	net	
KG	NFA	plied	rms,	nstr	
MA	5	dns	1 te	ee i	
-	ITH	lly s	plair	Š	
	M	refu	in	ant	
	LY,	cal	TH	port	
	3	d Be	DEA	im.	
	PL	lnou)F I	very	
	TE	n sl	SE (. C	
	VRI	ation	AUS	NO	
V. 3. No. 1	1	m	C	I	
ń	B				
>	Z				

		OF MAR	YLAND-	CERTIFICATE	OF DEATH	G Q A
	ACE OF DEATH		200	940	13	004
	ounty_Frederick				Registration Dist. No.	7
Vi	llage or City Frederick			No.	St., ution, give its NAME instead of street a	Ward
Le	ngth of residence in city or town where	death occurred	3_yrsmos	The state of the s	of foreign birth?yrs	
2. FU	LL NAME Charles K	urtz Cull	er –	4		
) Residence: No. 125 N	. Market	St., trea	lesself Ward.		
	EDCONAL AND CTATICS	(Usual place		MEDICAL	If nonresident give city or town	
3. SEX	ERSONAL AND STATIST		RRIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF DEATH	1
		OR DIVORCE	D (write the word)	21. DATE OF BEATH	Sept. 8th.	, 193 2
5e. if mer	le white	nar	ried		(Month) (Day)	(Year)
HUS	BAND of Winnie C. Cra	amer		22. THEREB	Y CERTIEY. That I attend	ded deceesed from
	2.704.77		•	20. any	19 5 to 0 - Seps	1932
	OF BIRTH (month, day, end yeer)		866	I lest saw h alive on	8 - Sept 1, 193	; death is seid
7. AGE	Years Months	Days	If LESS then 1 day, hrs.	to heve occurred on the dete stat	red ebove, et 1.55Pam. TH end related ceuses of importance	
	65 10	5	ormin.	were es follows:	in end related ceuses of importance	Date of onset
8. T	kind of work done, es SPINNER.	Retired				287
9. In to the street of the str	SAWYER, BOOKKEEPER, etc	3 36-19	0	(111011	73	183
and a	work wes done, es SILK MILL, R SAW MILL, BANK, etc	ural Mall	Carrier	ang ana		
0 10.0	ate deceased lest worked at this occupation (ponth and	11. Totel	time (yeers) 4/4	1 ()	0-0	
	year) Mary I	OCC	upetion/_	Other Contributory Causes of imp	ortence:	
	IPLACE (city or town)					****
-	tate or country)				+ = = = + + + + + + + + + + + + + + + +	
13. N		land				
13. N.	IRTHPLACE (city or town)	Terlia		Name of operation	none Date o	f
1	(Stete or country)	liffer		Whet test confirmed diagnosis?	Was there	an eutopsy? AM
15. M	AIDEN NAME ALTGUECTS				ouses (VIOL ENCE) fill in elso the follow	
15. M 16. B	(Stete or country)				Date of injury	, 19
	Mrs. W. Keedy	Sheer		Where did injury occur?	(Specify city or town, county and	State)
17. INFOR	MANT Jefferson, M			Specify whether Injury occurred i	in INDUSTRY, In HOME, or in PUBLIC	PLACE,
	L, CREMATION, OR REMOVAL			Menner of injury		
Pla	Jefferson, Md	Date_Ser	t. 11,19 32	Nature of injury		
	RTAKER M. R. Etchis	on & Son		24. Wes disease or injury in eny v	way releted to occupetion of deceased?	ho
20. FILED	2 Contraction	a. I me	Cully Registrate.	(Signed) (Address)	for temp	M. D
(A	A Septense 1932 Ar	a. I hne	Cully Registryr. address State (Beistrar,	If so, specify 9	for Ceny	ho

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I -	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATI	4	1		<u> </u>	,19
County A	(/	\$		Registration Di	ist. No. / 0 /
Village or City	Dal	rlla	smille.	No	St., Wa
Langth of rasidence In city	or town whera daat	h occurred		death occurred in a hospitar of institution, give his 1941/12.	
2. FULL NAME		lan	Lucas		
(a) Residence: No.	Dal	ell con	100	St Ward.	
(4) 110314011001 1101		(Usual place	abode)		ve city or town and State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR	tile		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	/2 ,193 3 (Day) (Year)
56. If marriad, widowad, or divorce HUSBAND of (or) WIFE of	ıd			22. I HEREBY CERTIFY	, That I attended decaased fi
	0	11	1620	, 19, to	
6. DATE OF BIRTH (month, day, a	-	1.12	1932	I last saw h alive on	
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes	
107	,		ormin.	were as follows:	Date of on
8. Trade, profession, or particle kind of work dona, as SAWYER, BOOKKEEPE	SPINNER.				
SAWYER, BOOKKEEPE	hich			XX 1 1 1 1	
9. Industry or business in work was done, as SIL SAW MILL, BANK, atc.	K MILL,			Sur Mark an	k-A
10. Data deceased last worke this occupation (month	d at end	11. Total tip	me (years) t in this	expense Masses &	ark
year)	2 / 00	_ occu	pation	Other Contributory Clases of Importance yel.	
12. BIRTHPLACE (city or town)	Dalill	asul	l.		
(State or country)	al.	/		Dud atmit 2 homes po	wino
13. NAME John	nolow	Ama	Am	todelving.	
14. BIRTHPLACE city or town		· · · · · ·		Name of operation	Data of
(State of Country)	marye	D		What test confirmed diagnosis?	Was there an autopsy?_A
15. MAIDEN NAME Me	ta. lobr	ay		23. If death was due to external causes (VIOLENCE) fill i	
16. BIRTHPLACE (city or town (State or country)		1		Accident, suicida, or homicida?	te of injury, 19
(State of Country)	maryl	1		Where did injury occur? (Specify city or to	wn, county and State)
17. INFORMANT (Address)	· raing	man		Specify whether injury occurred in INDUSTRY, in HOMI	E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM	IOVAL	0		Manner of Injury	
Placa Dabelle	- 1.	Date Deft 1	\$. ,1932	Nature of injury	
19. UNDERTAKER PAGE (Address) Sal	uk It	llisi	d mad-	24. Was disease or injury in any way related to occupati	
811	32	10.48	Leans	(Signad)	avo

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

09886

(Year)

The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Data of injury_______19 (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	c a		
Other contributory causes of importance:	2 .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blocks are needed, address State Rogistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDI

FOR

RESERVED

S. No. 1

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Example I		Example	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death ar of importance were as follows:	nd related causes Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 3/11	3 days ago
			- I
Other contributory causes of importance:		Other contributory causes of im	portance:
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

28 .

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
-		- 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH (19888
1. PLACE OF DEATH	[22-2]
County Redesect.	Registration Dist. No. 10.
Village or City near Unione elle, (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jerbert M. M= X. Die	rall.
(a) Residence: No. Oasse (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Gover Duvall	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) /8 99 -7 -13	, 19 , to , 19
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm
33 / 78 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trede, profession, or particular kind of work done, es SPINNER, Janu Labour, SAWYER, BOOKKEEPER, etc.	Gerebral Humrhage
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Montgomery Roo. (State or country)	Other Contributory Causes of Importance;
13. NAME Basil Durall.	
14. BIRTHPLACE (city or town) Tent become .	Name of operation Date of
15. MAIDEN NAME Catherine Evely -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Zunt zunbur.	Accident, suicide, or homicide? Reserve de Dato of Injury 9/11, 1932
17. INFORMANT Mrs. Bertha Reiby - (Address) P. F. D. INT. any, red	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place County Date Sept - 14 = , 192'	Manner of injury Blow from fish Nature of Injury Blow behind the WH Las.
19. UNDERTAKER le. M. Waltz. (Address) Thurstild Mid. =	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 9-13 , 182 MD Curfinare Registrar.	(Signed) Stauly Frahl M.D. (Address) Main Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimorc, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

I HEREBY CERTIFY, That I attended deceased from 19.33 ; daath is sald to have occurred on the date stated above, at 10, 45 A.m. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Date of onset any 30 What test confirmed diagnosis? _____ Was there an autonsy? / 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19 (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was diseesa or Injury in any way related to occupation of deceased? (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUAGE C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. 8. No. 1

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Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
!stones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Hedges

V. S. No. 1

OCCUPA.

Village or

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. No. ____St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SEASE FOR TOXITIES STITLE						

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N. VARRUE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09893
1. PLACE OF DEATH	3
County Tredence 100	Registration Dist. No. 3
Village or City fredenchi's lity	Mo. Farpelal St.,
Length of residence In city or town where death occurredyrs,m	If death occurred in Morpital or institution, give its NAME instead of street and numbers. ds. How long in U.S. if of foreign firth?
otolt.	- Laralle Grafic.
2. FULL NAME O'ALL ATT	The There is a mid
(a) Residence: No. (Usual place of abode)	St., Ward. Municipal State St., Ward. Manual State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH dense day prove
Sa. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended decea
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended decea
6. DATE OF BIRTH (month, day, end year) Sept 28"/932	liast Saw Melive of or 19, 19, dea
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 dey, O hrs or O rain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Shoulder proculation "
SAWYER, BODKKEEPER, etc.	horste disease of card
Industry or business in which work was done, es SILK MILL,	f
11. Total time (yeers) this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) prederich ny	The continues of the potential of
(State or country)	acute, Methodis of
II 13. NAME/ NOWARDY, France	mother //
13. NAME (Istrict) Grable 14. BIRTHPLACE (city or town) Helds Or med. (State or country)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Charles & Dentem	23. If death was due to externel causes (VIDLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) There was M. L. (State or country)	Accident, suicide, or homicide? Date of Injury, Where did Injury occur?
M. A. H-h Sabla-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
17, INFORMANT (Address) Thurwood Md.	- January Control of the Control of
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Thurmout, Md. Date Alf 173, 193	Neture of injury
19. UNDERTAKER M. R. Olchison & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) freducky mod	If so, specify
20. FILED 28 Sept 19 2 2 Doas meenly	(Signed) Morris a Denly
Registrar.	(Address) / human //

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
			2 your	

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	RALSTALL			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

V. S. No. 1

County Frederick Village or City. Declarate Langth of residence in city or town where death occurred. (If death accounted in a hospital for inationice, gryf in NAME forecast of street and number) Langth of residence in city or town where death occurred. (B) Residence: No. ** (Charles place of about) (B) Residence: No. ** (Charles place of about) (Light) (Ligh	STATE OF MARYLAND—	-CERTIFICATE OF DEATH
Village or City Jeedersels Langth of residence in city or town where death occurred. Yes a country PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE S. SINCLE MARRIED, WIDOWED S. II MARRIED, WIDOWED S. II HERSELD CERT IF Y, That Jettended deceased of the country of the work was done, as SILK MILL. SAWYER, BOOKKEPER, etc. SA		
Length of residence in city or toyan where death occurred (a) Residence: No. ** **Colon of the control of the colon of th		The state of the s
Length of residence in city or toyan where death occurred (a) Residence: No. ** **Colon of the control of the colon of th	Village or City Telderich	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Authority (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIWORED ("orly the begins) 5s. If married, widowed, or divorced (or) wife to grow or the begins) 5s. If married, widowed, or divorced (or) wife to grow or the begins) 6. DATE OF BIRTH (month, day, and year) / Authority (or) wife to grow or and stated above, at		s. 20 ds. How long in U.S. If of foreign birth? yrs mos ds
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR-OR RACE S. SINCLE, MARRIED, WIDOWED. ON, DIVORCED (carrier the wynd) Married, widowed, or divorced HUSRAND of Compiler the wynd) S. It married, widowed, or divorced HUSRAND of Compiler the wynd) S. DATE OF BIRTH (month, day, and year) MONTHS DEYS 1 I LESS than 1 day,	2. FULL NAME Tarman Mrs	Telsee M.
3. SEX 4. COLOR OR BACE OR DIVORCED (carrier the word) OR DIV		
Transport of the port of the p	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed, or divorced HUSAND of Cor) WIFE of Cory WIFE		Cept. 9 ,193 2
6. DATE OF BIRTH (month, day, and year) March 3 - 889 7. AGE Years Months Devs It LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular saw which and the stated above, at 1 the profession of particular saw which are cocurried on the date stated above, at 1 the profession of particular saw which are satisficated on the date stated above, at 1 the principle of the profession of particular saw which are cocurried on the date stated above, at 1 the principle of the date in th	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) March 3 - 8 9 Il last saw h. In all and the date stated above, at 19.3 — death is to have occurred on the date stated above, at 1. The PRINCIPAL CAUSE OF DEATH and related causes of Importence with a day work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BO	(or) WIFE of CII, Harman	(14 a 14 18 a f. 9
AGE Years Months Deys If LESS than 1 day. his. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: 8. Frade, profession, or particular wind of work done, as SPINNER Advances of Months of work done, as SPINNER Advances of Months of Work was done, as SILK MILL, ANNUAL MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and part) Spant in this occupation (month and part) Spant in this occupation (month and part) Spant in this occupation (state or country) 13. NAME 14. BIRTHPLACE (city or town) Cistate or country) 15. MAIDEN NAME Average of Months of	DATE OF PIRTH (month day and man) Man of 3-1889	6. 1
1 day. hrs. or. main. 8. Trade, profession, or particular kind of work done, as SPINNER, four services of limportence were as follows: 9. Andustry or business in which work was done, as SILK MILL. 10. Date decased last worked at this occupation (month and leght) 3 spant in this 3 year occupation (month and leght) 3 spant in this 3 year occupation (month and leght) 3 spant in this 3 year occupation (month and leght) 4 spant leght and leght		1111
SAWYER, BOKKEEPER, etc. SAWYER, BOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) Saw Mill, BANK, etc. 11. Total time (years) spant in this occupation (month and years) spant in this occupation (month and years) spant in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RENOVE Place (Address) 19. UNDERTAKER (Signed) 10. Date desired importance: 10. Date desired importance: 10. Date deceased last worked at this occupation of deceased? 19. UNDERTAKER (Signed) 10. Date desired importance: 10. Date deceased last worked at this occupation of deceased? 11. Total time (years) spant in this occupation part there are an autopsy? 20. FILED/D Settlembas 2 Date Manualeic (Signed) 10. Date department of impury Nature of Injury (Signed) 10. Date of impury 11. Total time (years) part there are autopsy? 12. BIRTHPLACE (city or town) What test confirmed diagnosis? W	43 6 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Other Contributory Causes of Importance: Other Contributory Causes of I	8. Trade, profession, or particular kind of work done, as SPINNER.	
2. BIRTHPLACE (city or town) (State or country) 13. NAME Control of the Control	9 Andustry or business in which	(Ohromi Rediction was
Dither Contributory Causes of Importance: 2. BIRTHPLACE (city or town) (State or country) 13. NAME Defension 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 7. INFORMANT (State or country) 7. INFORMANT (Address) BURIAL, CREMATION, OR REMOVAN Place (Address) 15. MAIDEN NAME Manner of injury Place 16. BURIAL, CREMATION, OR REMOVAN Place (Address) Manner of injury Nature of Injury Nature of Injury 24. Wes disease or injury In eny way related to occupation of decessed? Manner of injury Specify (Signed) 16. Sefturing a property Causes of Importance: Other Contributory Other Contributory Causes of Importance: Other Contributory	work was done, as SILK MILL, Own theme	102
2. BIRTHPLACE (city or town) (State or country) 13. NAME Defensor Male 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RENOVAN Place Lower Country 19. UNDERTAKER Lower Country 20. FILEDID Seftenshare 21. In so, specify (Signed) 22. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Wes disease or injury In eny way related to occupation of deceased? Manner of Injury Specify (Signed) (Signed) (Signed) (Signed) (Signed)	this occupation (month and) 1 spont in this	9
(State or country) 13. NAME Color of town) 14. BIRTHPLACE (sity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 9. UNDERTAKER (L. C.	Ahrille The wille	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country) 7. INFORMANT (Address) BURIAL, CREMATION, OR REMOVAL Place (Address) UNDERTAKER (State or country) Name ef operation What test confirmed diagnosis? Note the place of injury occur? (Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify city or town, county and State) Specify whether injury occur? Specify city or town, county and		Dy futures.
Name of operation. 14. Birthplace (city or town) 15. Maiden Name 15. Maiden Name 16. Birthplace (city or town) 16.	13. NAME Pellerson Male	Chidia Day 40 hother
What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Nature of injury Nature of injury Place of injury Nature of injury Nature of injury In eny way related to occupation of deceesed? What test confirmed diagnosis? What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurr? Spe	14 DIPTUDIACE CAN CE COURT FOR THE STATE OF	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAL Place (Address) 9. UNDERTAKER CLL (Address) 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 9. UNDERTAKER CLL (Address) 16. Sectify city or town, county and State) Nature of injury Nature of injury 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. (Signed) 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. (Specify whether injury occurred in INDUSTRY, in HOME, or	(State or country)	
16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) B. BURIAL, CREMATION, OR REMOVAN Place (Address) UNDERTAKER (L. L. L	15. MAIDEN NAME anne Duncan	
(State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place L.	16. BIRTHPLACE (city or town) Faxille	
7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAD Place 1. J. Communicate Suph 12., 1932 9. UNDERTAKER 1. Creater Y Sacre (Address) (Address) (Address) (Address) (Address) (Address) (Signed) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 1. 1932 24. Wes disease or injury In eny way related to occupation of deceesed? (Signed) (Signed)		Where did injury occur?
8. BURIAL, CREMATION, OR REMOVED Place 1. 13. Cem. Lucius date Sept. 12., 1932 9. UNDERTAKER CLL 2. Creater & Jace 24. Wes disease or injury In eny way related to occupation of decessed? Norm (Address) Fluctuages 2 drawn Machinelic (Signed) O. FILED D. September 2 drawn Machinelic (Signed)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
9. UNDERTAKER CL L. Creaged & Sace 24. Wes disease or injury In eny way related to occupation of decessed? Morning (Address) Fluring and McQuille (Signed) (Signed)	B. BURIAL, CHEMATION, OR REMOVAN	Manner of injury
(Address) Herring Ced. If so, specify (Signed) To Grather Clears	Placel. J. Cem. Kurwandore Sigh 12, 1930	Nature of Injury
). FILED/D-Settember 2 Dog meluli: (Signed) A. Justin Vesser		
Registrar. (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- WARAT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	of the state of th	Example II		
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Arterioselerosis ENED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage OCT 5 1932	July 5,1927	Peritonitis	3 days ago	
RUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09897
1. PLACE OF DEATH	(23)
county of region of	Registration Dist. No.
Village or City State Sanatorum	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Callerine N	1. Hunkle 1+ 101
(a) Residence: No. 335 & Hamburg (Usual place of abode)	St., Ward. Ballo. Ma. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (agrice the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Oug 28/908	I last saw h_l alive on Sext 2 193 2 death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10: 25 12.m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Factory worker SAWYER, BOOKKEEPER, etc	were as follows: Date of onset
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Julmonary / wher culosis
10. Oate deceased last worked at this occupation (month end March 19 2 occupation 5 40	
12. BIRTHPLACE (city or town) Maryland, (State or country)	Other Contributory Causes of importance:
13. NAME John Kinkle	
14. BIRTHPLACE (city or town) Manylcus d. (State or country)	Name of operation. What test confirmed diagnosis? Chart X pay + P Was there an au opsy? Up
15. MAIDEN NAM Catherine anna Mc hames	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mary and. (State or country)	Accident, suicide, or homicide?Oate of Injury, 19 Where did injury occur?
17. INFORMANT Callerine M/Ankle (on admis (Address) 335E. Hamburg St. Balle in	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bala Md Oato without 19	Manner of injury
19. UNDERTAKER M. L. Colager (Address) Thurmontal md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Registrar.	(Signed) Lewart D. Maffle M. D. (Ardress) State San atorum W.S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family; cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must sta	To	U	an	occupation return mus	st st	tate:
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," werker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		1	l. 2.
VENT RECORD.	TLY. PHYSI	fied. Exact stat		3. ·	SE
S IS A PERMAN	stated EXAC	properly classi	certificate.		DA
VG INK-THIS	AGE should be	that it may be	TION is very important. See instructions on back of certificate.	MOTHER FATHER OCCUPATION	1
UNFADIN	ipplied.	terms, so	instruction	12. W H H H	B
LY, WITH	carefully su	TH in plain	portant. See	MOTHER FA	1 1 1 1 1 BI
ITE PLAIN	n should be	SE OF DEA	is very im	17.	BI
N. BWR	matio	CAU	TION	19.	FI
				4	-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09898
1. PLACE OF DEATH	37)
County Dredenck	Registration Dist. No. 14/
Village or City Ollewille	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Laws a Hotel	nas
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH 24 96 193 2 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Searce Hoffman	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 18 19	I last saw he alive on Sel DG 1932; death is seid
7. AGE Years Months Days If LESS then	to heve occurred on the data stated above, at _1_31C_m.
65 7 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importanca were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (march and second in this person in the	Cocchical Hernanty 5/122/
10. Date deceased last worked at this occupation (month and yaar) spent in this occupation	7-2
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance:
13. NAME David W Kinney	405 m. auralia
13. NAME Saved W Kinney 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Julia R OB PORTE	23. If deeth was dua to axternel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury 19
2 (State or country) 17. INFORMANT (Address) (Address)	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place May Date Sept 29, 1932	Menner of Injury
19. UNDERTAKER AT 132 TV Jour (Address)	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED Why 27 , 1932 Bandolls S. Hilaus Registrar.	(Signed) SYM M. D. (Address) SAME OF THE OWN
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis R 1915 Attack of epilepsy VITTOTT TO THE 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	RHERTHER	STATEMENTS	RV	PHYSICIAN	ŕ
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	15 X	PHISICIAN	ı

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S. No.

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RECEIVEN	1 augalo ana
Arteriosclerosis 1915 Attack of epilepsy 1	л шеек адо
Chronic interstitial nephritis 1921 Run over by street ear	1 week ago
Cerebral hemorrhage July 5,1927 Peritonitis 3	3 days ago
BUREAU V. 9	
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1 year

PLACE OF DEATH

V. S. No. 1

County Frederick	Desire the property of the h
	Registration Dist. No.
Village or City Alders	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds.
2. FULL NAME Charles Cleveland	Corner
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
Par 1. 1655	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Sefr. 10,1958	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
O O 1 day,hrs.	was as follows:
8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell born.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year) occupation	
Le Serve	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or grantry) Mary Cary	- premacing
13. NAME Conard Wighfam Corner	
14. BIRTHPLACE (city or town)	Name of operation
Gata of country	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Defice Keringe Grune	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
F	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m fill al.	(Specify city or town, county and State)
17. INFORMANT A LEGENTE LEW	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa Oak Hill Data Sept. 11, 1932	- Nature of Injury
19 UNDERTAKER Powell & albanch	24. Was disease or injury in any way related to occupation of deceased?
(Address) Woodsbor Myd.	If so, specify O
lest 11 se Mr. Sither Propos	(Signed) Ralexcett Nelley M.D.
20. FILED	(Address) Delour medi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	GCT 4 1984	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	TIRE	-		
		safety order in the		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09901
1. PLACE OF DEATH	
County Trederick	Registration Dist. No. 13/
Village or City Montevry tosoital	No marlacue of shitter St., Ward
Langth of rasidence in city or town where deeth occurred yrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Palm Gacham	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 26 193 2 (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I ettended daceasad from
6. DATE OF BIRTH (month, day, and year) Seret 26, 1932	I last saw h aliva on, 19; daeth is said
7. AGE Yaars Months Days If LESS then 1 day,hrs.	to have occurred on the date stated abova, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	Still horn 26 self 32
work was dona, as SILK MILL, SAW MILL, BANK, atc	
Delta dacaasad last worked at this occupation (month and yeer)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) we dence to. W. d. (Stata or country)	
13. NAME Robert Schroyer	Syphilis? ?
14. BIRTHPLACE (city or town) Irederels, Mag.	Name of operation Data of
15. MAIDEN NAME Bentla Jacks	Whet test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) \\\(\sigma\) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT James a Joseph Sunt (Address) The Levels Mandal and Wortering the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marticus Ceu Data 27 Sefet 132	Manner of injury
19. UNDERTAKER amis afone Suft	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 27 Sept 1982 Broad Meludy Registrary	(Signed) D. Horris M. D. (Address) Fraderick Mod
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		OBALED S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23) 09902
county trederick	Registration Dist. No. / 3 9
Village or City State Sanatorum	No. M.A. St Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsQmos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME VV Illam Ke	myse of the
(a) Residence: No. 8.5.4 W. 3.7 W. (Usual place of abode)	St., Ward. Date.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Sey 24 1 198 2
5a, If married, widowed, or divorced	(MoAlh) (Oay) (Year)
HUSBANO OF Theresa demose	22. I HEREBY CERTIFY, That I attended deceased from
May 71865	Moul 11, 1932, 4 Dept 1 1, 1932
6. DATE OF BIRTH (month, day, and year) Y / UU / . / 8 5 7. AGE Years Months Bays If LESS than	last saw Manualive on Day 1911 10 1952, death is sald
7. AGE Years Months bys If LESS than 1 day,hrs.	to have occurred on the date stated above, et 1. 4. 4. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
8. Trede, profession, or particular	were as follows:
kind of work done, es SPINNER, CATALLY LEY	Rullman July
< 1.9. Industry or business in which	omvivo vary moeteruses
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spantin this Oliver	
year)	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)	
13. NAME / Yerman / Comple	
14. BIRTHPLACE (city or town) - 9 lmany	Name of operation
(State of country)	What test confirmed diegnosis? Cheek X ray Was there an au opsy? NO
15. MAIOEN NAME WHOMAN 16. BIRTHPLACE (city or town) - Y ll many.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - 9	Accident, suicide, or homicide? Dete of injury, 19
OAA OO 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Remyll on almost	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB-REMOVAL	
Place Q. a. L. M. Oate M. Browner	Manner of Injury
In I Racable	Nature of injury
19. UNOERTAKER / (Address)	24. Was disease or injury in any way related to occupetion of deceased?
610 1/1/10	(Signed) Alwart S. Wafter M. D.
20. FILEO.7	(Address) State Sanatorus . m.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis Sc.	3 days ago
		24 1980 H	
Other contributory eauses of importance:		Other contributory auses In apportance!	
Gallstones	May 1,1923	Gastroenteritis	1 year
		in the	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Tondish	Registration Dist. No. 135
Village or City Mysilo md	NoSt., Ward
Length of residence largity of rown whera deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msmosds.
2. FULL NAME Come. Michael	Rinamar
(a) Residence: No. Myssilla Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR OLVORCED (write the word)	21. DATE OF DEATH Sept 23 1932 (Yeer)
5a. If merriad, widowad or divorced HUSBANO of WIFE of Milds & Terminanan	22. I HEREBY CERTIFY, Thet I attanded deceased from
6. DATE OF BIRTH (month, day, and year) May 25- 1896	I last saw h aliva on
7. AGE 3 6 Yaars 3 Months 28 Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	n (Ludden) Date of onsat
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Fracture y Skeel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SYLK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occupation (month and year) year) occupation	(automobile decident)
12. BIRTHPLACE (city or town) Mysially (Stete or Rountry)	Other Contributory Causes of Importance:
13. NAME The 13. NAME The 13. NAME The 14. BIRTHPLACE (city or town) Mysiche (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Ella-M- Torke	23. If death was due to external causas (VIOLENCE) fill in also that following:
15. MAIDEN NAME ELCA-M-Toble 16. BIRTHPLACE (city or town) (State or pountry)	Accident suicide, or homicide? Qate of injury & 231932. Whera did injury occur? W. Mayerayele, Fred Co. May
17. INFORMANT In Manager May Stymany or (Address) may may are my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Drugs also 1114 Date Dept 26., 1932	Manner of Injury actorubule Natura of Injury Fracture & Absell
19. UNDERTAKER & Betts & Some (Address) my will me	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED Sept. 25, 1932 Johanles L. Leatherna	(Signed) Thurs Harb M. D. (Address) Widdletown Med

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Chronie interstitial nephritis	1921	Run over by street car	.1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
READ			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		OF MARY	LAND-	CERTIFICATE OF DEATH	9904
	OF DEATH		the time	95-0	,
	Frederick			Registration Dist. No. / 2/	
Village o	r City Frederick			No. St.,	Ward
	residenca in city or town where	death occurred 75		f death occurred in a horpital or institution, give its NAME instead of street and s. 4 ds. How long in U.S. if of foreign birth?	
2. FULL N	IAME John Fred	erick Kopp		10-1	
(a) Resid	dence: No.13 W. Fif	(Usual place o	tabada)	77.5t., Ward. If nonresident give city or town and	d State
PERSO	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Dinte
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
male	white	or Divorced	(write the word)	Smorth 5, (Day)	. 193
	dowed, or divorced	1 2222 2 22 0 00		(Day)	(Yoất)
MIICEAND	Minnie Dadism	an		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRT	H (month, day, and year)	ov. 6. 18	56	I last saw have alive on April 1932	
	Years Months	Days	If LESS than	to have occurred on the date stated above, at 2.2.30P.m.	
	7 5 9	29	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, pro	ofession, or perticular	1	, 01	well do lollows.	Date of onset
N kind o		Retired			21 Ruy 14
	or business in which was dona, as SILK MILL,			Heart Blue.	1 dkun
S SAW	MILL, BANK, etc	Butcher			
O 10. Data dece this or yaar)	eased last worked at coupation (month and	3.2 11. Total tin	ne (years)		
12. BIRTHPLACE (State or o		nd		Other Contributory Causes of importance:	
ш 13. NAME	Wolfgang Kopp.				
I	Geri	many			
	ACE (city or town)			Name of operation	
15. MAIDEN	Powhwo Day	rman		What test confirmed diagnosis? Was there en	
E 13. MAIDEN	German	7		23. If death was due to external causes (VIOLENCE) fill in also the following	
	ACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
	e or country)			Where did Injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT	Mrs. Frederick	Kopp.		Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PI	ACE.
(Addrass)		Id.			
	MATION, OR REMOVAL	. C	0	Manner of injury	
Place	.Olivet Cem.Fro			Nature of injury	
19. UNDERTAKER	Frederick Md			24. Was disease or injury in any way related to occupation of deceased?	none
(Address)	riederick, Mo			If so, specify	
20. FILEDS	thenter 3 2000	mol	unly.	(Signed)	M. D.

If more Manks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		. 2. 4	

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Village or City Frederick No. (If death occurred in a hospital or institution, give its NA Length of rasidence in city or town where death occurred 20 yrs. 7 mos. 0 ds. How long in U.S. if of foreign birth? 2. FULL NAME Theadory Christian Kreh, Jr. (a) Residence: No. 26 Wisner St., Frederick Scraussack	on Dist. No. 13/
Village or City Frederick Length of rasidence in city or town where death occurred 20 yrs. 7 mos. 20 ds. How long in U.S. if of foreign birth? 2. FULL NAME Theadors Christian Kreh, Jr. (a) Residence: No. 26 Wisner St., Frederick Straughard (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 21. DATE OF DEATH September	on Dist. No. 7
(If death occurred in a horpital or institution, give its NA Length of rasidence in city or town where death occurred a yrs. 7 mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Theadors Christian Kreh, Jr. (a) Residence: No. 26 Wisner St., Fucluarly Straughard of Medical Certifical Personal and Statistical Particulars PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	St. Ward
Length of rasidence in city or town where death occurred 20 yrs. 7 mos. 0 ds. How long in U.S. if of foreign birth? 2. FULL NAME Theodory Christian Kreh, Jr. (a) Residence: No. 26 Wisner St., Freducts Straughard of Medical Certification of Acceptable Straughard of Medical Certification of Divorced (Wisner St., Wisner St., Freducts Straughard of Medical Certification of Death September 21. Date of Death September 21. Date of Death September 22.	3.477
(a) Residence: No. 26 Wisner St. Fudence Straughard of Medical Certifical Personal and Statistical Particulars 4. Color or Race S. Single, Married, Widowed, Or Divorced (write the word) 5. Single, Married, Widowed. Or Death September	
(a) Residence: No. 26 Wisner St., Frederick Straughard of Misner St., Frederick Straughard of Medical Certifical Personal and Statistical Particulars 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	lent give city or town and State
7 ml. 4 / ma. ma. 2 a d	TE OF DEATH
(Month)	er 3rd., 2 (Day) (Yaar)
ia. If married, widowed, or divorcad	
HUSBAND of (or) WIFE of Helen May Purdy	FY, That I attanded dacaased from
DATE OF RIRTH (month day and year) Page 1902 I last saw h eliva on Sent	7 w 32 death is said
DATE OF BIRTH (month, day, and year) AGE Years Months Days It LESS than to have occurred on the data stated above, at 2	
The PRINCIPAL CAUSE OF DEATH and related c	
8. Trade, profession, or particular kind of work dona, as SPINNER, Brick Mason	Date of onset
SAWYER, BDDKKEEPER, etc. DILCK WELSOIT Caute Cardiac C	teletation 9.3.3
9. Industry or business in which work was done, as SILK MILL,	
Rind of work dona, as SPINNER, SAWYER, BDDKKEFFER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at the companion of this occupation (month and 21/2) The second of the second of the second occupation occupation occupation (month and 21/2) The second occupation occupat	
Maryland Other Contributory Causes of importanca:	
2. BIRTHPLACE (city or town) With Refuse	itation years
	A
13. NAME Theadora C. Kreh. Sr. Chrone Monerals 14. BIRTHPLACE (city or town) Maryland Name of operation.	Date of
What tast confirmed diagnosis?	Was thera an autopsy?
	i) fill in also tha following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 23. If death was due to external causes (VIOLENCE Accident, suicide, or homicide?	Data of Injury, 19
where did injury occur?	y or town, county and State)
7. INFORMANT Frederick, Md. Specify whether Injury occurred In INDUSTRY, In	HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Manner of Injury	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Place Mt. Clivet Cem. Fred Sept. 5, 19 32 Nature of Injury X	
9. UNDERTAKER 11. R. Etchison & Son 24. Wes disease or injury In eny way ralated to occur (Address) Frederick 11.	cupation of deceased? 20
20. FILED 3 > Sept, 18 2 Amaring (Signad) Ral / Inches	ereck Hed M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A 507 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURE D	July5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones	She Live	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Treferek	Registration Dist. No. 134
Village Dr City Franklang	No. St., W. (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Jose of Warner	Trest
(a) Residence: Np. V (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the, wo)	rd) Sept 18 1932
5a. If married, widewed or divorced	(Month) (Day) (Year
(Or) WIFE of Europe Wetel treet	HEREBY GERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) Sest 10 - 188	1 Hoton In Alex Selv 10 ± 182
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS th	last saw h. 27 affecton
44 0 8 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade prolession or particular	were as follows: Tourne dead Seal 19 3 2 Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Was Bear intoxicated, on September 16th con
of Industry or business in which work was done, as SILK MILL, Stone Grusler SAW MILL, BANK, etc.	Concussion of Train.
SAW MILL, BANK, etc	picnic fromde near Emmitalung , Two days
this occupation (month end 7/17/32 spant in this /2 occupation /2	yes later was found dead, tolong ferces was the
Test St. Zuge	Dither Contributory Cause of importance: Pichie Trunds.
12. BIRTHPLACE (city or town)	Probably and State
13. NAME Joseph & treet	Unstrally an automobile row was him
14. BIRTHPLACE (city or town) The St Zelango	Name of operational ober
(State of country)	What test confirmed diagnosis? Our offy Was there an autopsyl
15. MAIDEN NAME heary of warnes.	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Less Lux Data of injury 2 8 18, 19
(Stete or country) and.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Wro. Buresa W. Creek (Address) R. Z. Januara W.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Troatery of shore due and
Place Emulaling West Date De 26, 19	32 Nature of injury frostere we concorning of flew
19. UNDERTAKER The . J. Sharps &.	24. Was disease or igjury in any way related to occupation of deceased?
(Address) Emiltabling mid	If so, specify / 2 ooke & figures on
	h # 1
20. FILED 20 = 30, 19 3 2 Mayor Shuff	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	DI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TIR W	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis : ECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
OCT 5 1932	and c		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66000
1. PLACE OF DEATH	(12)
County Frederick	Registration Dist. No. 138
Village or City Kemtetoun	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds,
2. FULL NAME THAT THE Y LOCATION	Joseph Most and Most
- Surgery Congression	At Many
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self 26
male White married	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
(on ma dayton	Examined by the sto hour letter do to the
6. DATE OF BIRTH (month, day, end year) Aug. 4 18 76	l lest saw h elive on 2, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et. \$.301 m.
56 1 22 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Revolve shor through
SAWYER, BOOKKEEPER, etc. Should be some some some some some some some som	& Kull and brain, shop
work wes done, as SILK MILL, Jaco mull Buseness	Interes regar temple seeing
10. Date deceased lest worked at Lotus 11. Total time (years) spant in this	en ded wetenthy
year) detto occupation to you	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Typottatown	Other Commodory Causes of Importance;
(State or country) Frederick Country	
14. BIRTHPLACE (city or town) Jy attator	
(Stete or country)	Name of operation Dete of
TEMPERATA COLLECTION	Whet test confirmed diagnosis? Was there en aulopsy?
H	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Little Date of injury the 1932 Where did injury occur? Little town frederick 6. Red
7	(Specify city or town, county and State)
17. INFORMANT / Urai & marcia daylon (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Shot himself through head
Place Lemptonio Date Coff 28, 1932	Nature of injury Pierces hale through brane
19. UNDERTAKER H. M. Snieden	24. Was disease or injury in any way releted to occupetion of deceased?
(Address) mt aigus ma	if so, specify
20. FILED Xept. 28, 1937 Kanmand & Day	(Signed) Errect F. Roofs M. D.
Rogistrar.	(Address) New Merket, Md.
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 4	3 days ago
WAST V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		THE REPORT OF THE PARTY OF THE	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	EL 199	09
County Trederick	Registration Dist. No./2/	
Village or City Monteure Hospital	NoSt.,	Ward
(It	death occurred in a hospital or institution, give its NAME instead of street and ni 29 ds. How long in U.S. if of foreign birth?	
2. FULL NAME Miss anna Simo		
(a) Residence: No. In denice Md	St. / Ward.	
368. N. Patrick St (Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lungle	21. DATE OF DEATH 29 (Day)	193 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended d	
6. DATE OF BIRTH (month, day, and year) 1867	i last saw Her alive on Sept 29 1932	19.3.7
7. AGE Years Months Days if LESS than	to have occurred on the dete steted above, at 7.4052.m.	, dectives said
75 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	D. C. C.
8. Trede, profession, or perticuler kind of work done, as SPINNER,		Date of onset
SAWYER, BOOKKEEPER, etc.	Henryhlegia	20day
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
The second the second s		
	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Maryland (State er country)		
	anties Selenous	years.
Ξ	N	
[14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Was there en au	stoney?
15. MAIDEN NAME To atherine Richley	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME To atherine Sittley 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT James a force Supt. Maddress) Mordene Hood Tre devils Ma	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	ČE.
18. BURIAL CREMATION, OR REMOVAL PIECE Mot Olivet Compate Oct / 1982	Manner of Injury	
19. UNDERTAKER Thomas P. Bice (Address) Foodersch	Nature of injury 24. Wes disease or Injury in eny way releted to occupation of deceased?	27
20. FILED J- Cat. 1982 dora melul	(Signed) B Thurself, 72	M.D.
If more Vlanks are needed, address State Resistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II HOR	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 103/13	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RÉSERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No./3/=
Village or City Frederick (No. 126	Benta St.: Ward) a hospital or Institu-
2FULL NAME John J. Dr	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male White (Write the word) Widou	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I artended the deceased from
M. G. Cleraber 26, 1859 (Month) (Day) (Year)	that I last saw h to alive on Ac of T 1982
7 AGE [If LESS than	and that death occurred on the date stated above, at
72 yrs. 3 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work Returned	ante cardia delatations
(b) General nature of industry business, or establishment in	,
which employed or (employer) Culcul	(Dystion) mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GOTAGE Mehrling	(Signed) Consider M. D.
() II BIRTHPLACE OF FATHER	476-3 1/192 (Address) Tredkrick and
Z (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place Mrsa de. In the State 7-2 yrs. 3 mos. 19 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 126 But Struct.
(Informant) Katie Boone	Former or usual residence Frederick Mind
(Address) 126 B. T. It 7 A. J.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Address) 14 0 Value	The Olinet Cemelly Sept 1, 19 32
Filed Seft. 1982 In melusy Registrar	H M. Snuder mtain md
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed ," etc., or At Home, and children, not gainfully For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery; em-

Streement of Cause of Death—Name, first, the DISEANS GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

5

approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably swicide. The n ture of the injury. or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease If this certificate is looked over thoroughly and a l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

1. PLACE OF DEATH	(30)
County Frederich	Registration Dist. No. 13/
Village or City Frederick	No. Fred City Arshital St., Ward f death occurred in a horpital or insyltution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Moses 11 Chia	
(a) Residence: No. Johnselle, And (Uaus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	W LIEDEDY CEDTIES. That a world and the
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October - 8 - 1918	Hest saw h Lass alive on Cept: 13 , 19 12; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date staled above, at A.L.m.
21 1/ 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	194
SAWYER, BOOKKEEPER, etc.	Ment / Cephrine 12. Sept
Work wes done, es SILK MILL, SAW MILL, BANK, etc.	
13 10 Date deceased last worked at 11 Total time (years) A 0	-
this occupator (month and 19 3 2 spent in this year)	
- maryland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	alace I tech 13/
13. NAME Charles b. moser	
14. BIRTHPLACE (city or town). huaryland.	Name of operation Date of
4. BIRTHPLACE (city or town).	What test confirmed diagnosis? West there an autopsy?
15. MAIDEN NAME PERSON PM. Flow.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Clessee My floth. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city er town) (State or country)	Where did Injury occur?
17. INFORMANT Charles or moses (Address) Linguisting	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleco weky Hillew Date 13 Cefet, 1932	/- Neture of injury
19. UNDERTAKER Potellt allaufli (Address)	24. Wes disease or injury In eny way related to occupation of dogeased? Not
20. FILED 1 2- Cefet, 193 2 Pray meenily. Registrat	(Signed) Judings, M. (Address) Made
If more blade are model address Seets Daden	ALLY N. Charles Street Beltimore Properties 71 C No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

113.1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	TURTHER	STATEMENTS	BY	PHYSICIAN
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should state

item of infor-

STATE OF MARKIEMED	oentin longite of bentin
1. PLACE OF DEATH / /	(216-9)
County I rederict	Registration Dist. No. /2/=
Village or City New Browning wille	Notre Levels City + shitsal Ward
(If	death occurred in a horpital or institution, give its NAME intead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mos ds.
2. FULL NAME Wover Cugine Mu	pling
(a) Residence: No. Dear Brungelle ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4, COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON INVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, wildowed or divorced	V II
(or) WIFE of Manuel Williams	22. I HEREBY CERTIFY, That I attended deceased from
1-1099	Hast sawh un affice on Sept 50 , 193 > ; death is said
6. DATE OF BIRTH (month, day, and year) 15 / 8 7 / 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8,30 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Internal Nousenal 150 t
9 Industry or business in which	1932
Work was done, as SILK MILL, SAW MILL, BANK, atc	Rushmed Bladder
O 10. Dato deceased last worked at 11. Total time (years)	Deal ma ayasin Doto to
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / / / / / / / / / / / / / / / / / /	Other countries of importance.
(State or country)	anto Occident 6 Selt
13. NAME /V J J. Mulling	1982
13. NAME VV J J / MULLIUM 14. BIRTHPLACE (city or town)	Name of operation none Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Munic Pathus	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 5924 19. 3)
(State or country)	Where did injury occur? State I defluing
17. INFORMANT W Cht / Mulling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in WOME, or in PUBLIC PLACE.
(Address) Y Norrovia Yudi	
18. BURIAL, CREMATION OR REMOVAL DUL	Manner of injury with Oc Edeily
Place Detail Data St. 1. 195 2	Natura of injury
19. UNDERTAKER 19 JOURNAL DOICY	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Addiass) Damus and My,	If so, specify
20, FILED 7-Sept- 1982 Doa means	(Signed) M. 9
Registrar.	(Address) Frederic led

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	F DEATH		107-0
County	Frederick		Registration Dist. No. 2
Village or	city Frederick	p h	No. St.,
Length of re	sidence in city or town where	death occurred Alasta	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	ME Mrs. Nex	Wadgeline Norris	
(a) Reside	E 40 D	rk Ave.,	St., Ward.
DEDGO	IAI AND CTATIC	(Usual place of abode)	If nonresident give city or town and State
3. SEX		FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femmle	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 11th., 1932 (Month) (Day) (Ye.
5a. If married, wido HUSBANO of			22. / NHEREBY CERTIFY, That Lattended demiser
(or) WIFE of	Henry J. Nor	ris	Sept. 9 th 193 x to left. 12 19
6. DATE OF BIRTH	(month, day, and yeer)	rch 6, 1861	l lest sew her alive on Act. /12 1952; death
7. AGE Ye	ars Months	Days If LESS than	to have occurred on the date stated above, at . 5 . 45Pm.
71	0	1 day,h	week of follows:
2 8. Trade, profe	ession, or particular	17	Cup Valeymany Elema 911
kind of SAWYEI	work done, as SPINNER, R, BOOKKEEPER, etc	Housewife	Pronelo premmera 9.1
work w	business in which as done, as SILK MILL,		
SAW MI	LL, BANK, etc	1	
O 10. Oate decea	sed last Motked St	11. Totel time (years)	
0 10. Oate decea this occupear)	patigo (month/and	11. Total time (years) spant in this occupation	
year) . •	ity or town) Marylan	spent in this occupation	Other Centributery Causes of importance:
12. BIRTHPLACE (c) (State or cou	ity or town) Marylan	spent in this but occupation but and	Other Contributory Causes of importance:
12. BIRTHPLACE (c) (State or cou	ity or town) Narylan intry) Deaham Albaugh	spent in this but occupation but and	
12. BIRTHPLACE (c (State or cot) 13. NAME A 14. BIRTHPLACE	ity or town) Narylan intry) Deaham Albaugh	spent in this but occupation but and	Name of operation Date of Date of
12. BIRTHPLACE (c (State or cot) 13. NAME A 14. BIRTHPLAC (Stete o	ity or town) Narylan intry) E (city or town) Mary E (city or town) Mary r country)	spent in this but occupation but occ	Name of operation
12. BIRTHPLACE (c (State or cot) 13. NAME A 14. BIRTHPLAC (Stete o	ity or town) Narylan ity or town) Narylan intry) E (city or town) Mary r country) AME Mary Summer	spent in this but occupation but occ	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
12. BIRTHPLACE (c (State or could be state or co	ity or town) Narylan intry) E (city or town) Mary E (city or town) Mary r country) AME Mary Summer	spentin this but occupation but occu	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury , 19.
12. BIRTHPLACE (c (State or cot) 13. NAME AT 14. BIRTHPLAC (Stete of (State of State of Sta	ity or town) Narylan ity or town) Narylan intry) E (city or town) Nary r country) AME Mary Summer E (city or town) r country)	spentin this but occupation but occu	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did Injury occur? (Specify city or town, county and State)
12. BIRTHPLACE (c (State or course) 13. NAME AT 14. BIRTHPLAC (Stete or course) 15. MAIOEN N. 16. BIRTHPLAC	ity or town) Narylan ity or town) Narylan intry) E (city or town) Mary r country) AME Mary Summer E (city or town) r or country) Mary Mary Mary Trountry) Mrs. Jos. H.	spentin this but occupation but occu	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did Injury occur?
12. BIRTHPLACE (C (State or cot 13. NAME A 14. BIRTHPLAC (Stete o 15. MAIOEN N. (State of 16. BIRTHPLAC (State of 17. INFORMANT (Address) 18. BURIAL, CREMA	ity or town) Marylan ity or town) Marylan intry) E (city or town) Mary r country) AME Mary Summer E (city or town) r country) Mrs. Jos. H. Frederick, 1 TION, OR REMOVAL	spentin this but occupation but occu	Name of operation Date of
12. BIRTHPLACE (C (State or cot 13. NAME A 14. BIRTHPLAC (Stete o 15. MAIOEN N. (State of 16. BIRTHPLAC (State of 17. INFORMANT (Address) 18. BURIAL, CREMA	ity or town) Marylan ity or town) Marylan intry) E (city or town) Mary r country) AME Mary Summer E (city or town) r country) Mrs. Jos. H. Frederick, 1 TION, OR REMOVAL	spentin this but occupation but occu	Name of operation Date of
12. BIRTHPLACE (c (State or cor State or Core Sta	ity or town) Marylan intry) Deaham Albaugh E (city or town) Mary r country) AME Mary Summer E (city or town) r country) Mrs. Jos. H. Frederick, 1 TION, OR REMOVAL allsville, Md.	spentin this but occupation but occu	Name of operation
12. BIRTHPLACE (C) (State or cot) 13. NAME AT 14. BIRTHPLAC (State or Cot) 14. BIRTHPLAC (State or C) (Address) 18. BURIAL, CREMA	ity or town) Marylan ity or town) Marylan intry) E (city or town) Mary r country) AME Mary Summer E (city or town) r country) Mrs. Jos. H. Frederick, 1 TION, OR REMOVAL	spentin this but occupation but occu	Name of operation

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19914
1. PLACE OF DEATH	(46)
County trederick	Registration Dist. No. 18
Village or City ha Bartholows	NoSt., Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME justed of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Lloyd F. Peach	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word) Married	21. DATE OF DEATH () (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Florence Plach	22. HEREBY CERTIFY That I ettended decessed from
6. DATE OF BIRTH (month, dey, and year) 3 - 29 - 1862	I lest sew h. in alive on July 6 494 19 32 doeth is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, at
70 5 /7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8 Trade profession or particular	Carcinoma of Stomach 1931
9. Industry or business in which	
work wes done, as SILK MILL, farm work	
and appearant function of a shall fill fill?	
year) occupation life	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country) Maryland	
13. NAME Lyod Peach 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country) Maryland	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Mary Momas 16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
of One P	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place New Market Dete 9-18, 19.22	Nature of injury
19. UNDERTAKER W. E. Fralconer (Address) Meyer Man hat Mid	24. Was disease or injury in any way releted to occupetion of deceased? Ho
20. FILED Supst 18, 1932 Lucians 18 Fralower Registrar.	(Signed) Ernect P. Rawh M. D. (Address) New Market Md.
If more blanks are model at the Company	NO LC PIL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
10			
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	100	(181)	1
County / redgreet	· , , , , , , , , , , , , , , , , , , ,	Registration Dist. No.	3 (
Village or City Touching	//	St.	and number)
Length of residence in city or townships 2. FULL NAME 2. FULL NAME	and lov Paris	ds. How long in U. S. il of foreign hirth?yrs	mosd
(a) Residence: No. P. F. S.	Woodbrice M (Usual place of abode)	St., Ward. If nonresident give city or town	a and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
(or) WIFE of	Bengh,	22. Sept 5, 1932, to Sept	nded deceased fro
5. DATE OF BIRTH (month, day, and year) and	1857 48-25	lest saw her alive on Sept 15 19.	32; death is sa
7. AGE Years Mqishigo		to have occurred on the date stated above, at 1:35 Pm.	
J. J. faster	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as lollows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINKER, SAWYER, BOOKKEEPER, etc. 2004 9. Industry or business in which 1 8.A work wes done, es SILK MILLLY 10 SAW MILL, BANK, etc	Housevife.	Extensive 2nd Lague Bur	us Sept 5
work wes done, es SILK MILE to SAW MILL, BANK, etc.	/		
10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spant in this so years occupation		
12. BIRTHPLACE (city or town) trade (State or country)	nick bo,	Other Contributory Caucea of importance:	Septio
13. NAME Newry	Filhiole.		
13. NAME 14. BIRTHPLACE (city or towny (State or country)	dirich lag.	Name el operation Date What test confirmed diagnosis? Was there	ol
15. MAIDEN NAME Marie	tilldonner	23. If death was due to external causes (VIOLENCE) fill in also the loll-	
15. MAIDEN NAME Marie 7 16. BIRTHPLACE (city or town) (State or country)	diriots les	Accident, suicide, or homicide? accident Date of injury of Where did injury occur? Man Woodbire of the State	10 15 103 2
17. INFORMANT David D. (Address) P. F. D. 77-2	Palegh,	Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL, PIECE Schlar Sprange	Dept 78=132	Manner of Injury Scaled self lifting hot. Nature of Injury Burned from rich to he	natur off s
19. UNDERTAKER 6. M. Hats (Address) Hart	gi med,	24. Wes disease or injury in any way related to occupetion of deceased it so, specify	no
20. FILED 16. Sef X193 2 E	Americanal Registrar.	(Signed) J. Stanley tra	bill M.

tatement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of its pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deliad retired from business, report the occupation prior to retirement. Children not gainfully employed may be need as at school or at home. For a woman whose only occupation was that of home housework, write housewife swer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, ver, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person and no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find he particular kind of work done and return that, as spinner, weaver, etc.

n stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State articular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mecal engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement e occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, inist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods d be called a salesman and not a clerk.

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Example I principal cause of death and related causes Date of onset portance were as follows:			Example II			
			The principal cause of death and related causes of importance were as follows:	Date of onset		
iosclerosis	001	1915	Attack of epilepsy	1 week ago		
nie interstitial nephritis	7 77	1921	Ruh over by street car	1 week ago		
ral hemorrhage	MILE	July 5,1927	Peritonitis	3 days ago		
			•			
r contributory causes o	f importance:		Other contributory causes of importance:			
tones		May 1,1923	Gastroenteritis	1 year		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	infor-
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	item of info
	Every
)	RECORD.
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BIND	PERMA
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ESERVED	INK-THIS
MARGIN RESERVED FOR BIND	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every
4	WITH
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N. B.—WRITE PLAINLY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County 7 Marroh	Registration Dist. No. 14/
Village or City_Bunnant	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Zevelyn Gertrude	Phillipp
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partic the word)	21. DATE OF DEATH 25 193 2
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 13, 1969	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
23 7 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of enset
SAWYER, BDDKKEEPER, etc. Miller Dearthey	Traclus of Nous
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, All Leasther SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) My	
E //	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME While I Kindy Pe	What test confirmed diagnosis?
15. MAIDEN NAME While Kindwiller 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicides Colored Date of Injury 112, 19.3.2 Where did injury occur?
17. INFORMANT Virginia Phillips (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PMBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mil Date Sept 28, 193 2	Manner of Injury 7 Replaced 8h
19. UNDERTAKER ATT 3 TV CONTRACTOR MEL	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED light 27, 1932 mm. H.S. Hedges Registrar.	(Signed) M.D. (Address) Attento Swill Mr.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	82-00 09917
	County Frederick	Registration Dist. No./3/;
	Village or City Grederich	No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2.	FULL NAME Cinnie A Ramsh	ardt
	(a) Residence: No. 148 By CO ave Fr	estle, Ward.
_	(Usual place of ahode)	If nonresident give city or town and State
- 01	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	emale of the state of the word of the word	21. DATE OF DEATH Sept 21 21 21 (Month) (Day) , 193 2 (Year)
5a. I	f married, widowed, or divorced HUSBAND of (or) WIFE of 100 A Ramshardt	22. 1 HEREBY CERTIFY, That I attended decaased i
e D	prenty & 5.5 -	I last saw here alive on Sept 20 1932; death is
7. A	ATE OF BIRTH (month, day, and year) GE Years Months Days If LESS than	to have occurred on the date stated above, at
	77 11 21 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7	8. Trade, profession, or particular	abosly Date of or
NOIL	kind of work done, as SPINNER Housewife	9-16
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	U
000	10. Data decaased last worked at Arra 11. Total time (years) spent in this occupation (month and 1.9.32 spent in this occupation 2.87	
	year)	Other Contributory Causes of Importance:
12. 1	(State or country)	arterio Scherosio 41-
ER	13. NAME CHICK PROGRAM)	water good 7
T	14. BIRTHPLACE (city or town)	Name of operation Date of
FAT	(State or country)	What test confirmed diagnosis? Was there an aulopsy?
ER	15. MAIDEN NAME - Kandols	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Not knows	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State)
17. i	NFORMANT (Address) 14 F 18 + Oane Fuelo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. [BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Cred Memorial ty Date left 24 , 1932	Nature of injury
19. (JNOERTAKER C & Clino & Perco (Address) Frederick mod.	24. Was disease or Injury In any way related to occupation of deceased?
	The state of the s	ii av, abaviii

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

A 1 19451

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11.—The number of years the deceased followed the occupation.

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xample-I		Example II		
ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
COT 5 1000	1915	Attack of epilepsy	1 week ago	
DOT W TOOL	1921	Run over by street car	1 week ago	
BUREAU V	July 5,1927	Peritonitis	3 days ago	
- Carrier				
of importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
	ath and related causes ows:	th and related causes Date of onset ows: 1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cooker ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Strtement of Cause of Death—Name, first, the biseas: Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n .ture of the injury, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E::haustion, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. "Debility" Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; chronic vavuus contributory disease;

All this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state

Exact statement

of OCCUPA-

1. PLACE OF

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

B.—WRITE PLAINLY

ż

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 0991
DEATH	50 ,44
Tocky Judge	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number
nce in city or town where death occurred yrs. 2 mos.	
: No. Kno Ville ((Usual place of abode)	Ast., Ward. If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH

		County County	Registration Dist. No/_/
		Village or City Lockey / Last	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		Length of residence in city or town where death occurred yrs amos.	
		O Van I.	Ti A
	2	FULL NAME Carrie /	
		(a) Residence: No. Morrille	4 St., Ward. If nonresident give city or town and State
		(Usual place of abode)	
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
		+ Votile rectored	(Month) (Day) (Year)
	5a.	If merried, widowed, or divorced HUSBAND of	
		(or) WIFE of Charles & The	22. I HEREBY CERTIFY, Thet I altended decessed from
		(1) 10 1555	July 7", 19 32, to Dept -1", 19 32.
te.	6. I	DATE OF BIRTH (month, day, and year) Tele, 19-1885	Mast saw h
certificate	7. /	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /2:34 Cm.
2		4/1 6 /2 1 day,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	7	8. Trede, profession, or particular D	Sulestinal Astruction
of	9	kind of work done, as SPINNER Toslmestress	An Carcina
back	UPATION	9, Industry or business in which	19ins + intestino 193;
pa	U	work wes done, es SILK MILL. SAW MILL, BANK, etc	
instructions on	Ö	10. Date deceased last worked at this occupation (month and party 1932 spent in this occupation (comparison occupation)	
ons		RIL DIL	Other Contributory Causes of importance:
cti	12.	BIRTHPLACE (city or town)	Les aures Brass /728
tr	~ 1	(State or country)	
ins	HER	13. NAME Chas M. Anglas	
See	ATI	14. BIRTHPLACE (city or town) Wocky the	Neme of operation
Ŋ	14	(State or country)	What test confirmed diagnosis? Asserting of self westher an autopsy? 200
nt.	HER	15. MAIDEN NAME Estella & Sell	23. If deeth wes due to external ceuses (VIDL ENGE) fill in also the following:
important	MOT	16. BIRTHPLACE (city or town) Commutating	Accident, suicide, or homicide?
DO	ž	(Stete or country)	Where did injury occur?
E		m' hattie 0 8	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ry	17.	(Address) when the management	The specific function in the second s
is very	18.	BURIAL, CREMATION, DB, REMOVAL	Manner of injury
		Place nh Jakor ah rocky bate Leph 3, 1932	
Z	-	h. 10/6/11	114(410 0) 11)(4)
LION	19.	UNDERTAKER MI DU QUE Man	24. Was disease or Injury in any way related to occupation of deceased?
	-	(Address) Aury on Ma	If so, specify
	20.	FILED Dept 2, 1932 Jama 1. Jones	(Signed) M.D. M.D.
	H		(41) 17 /

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:	gnli	Other contributory causes of importance:	T-6 D-	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	TACE			

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	V 165		

V. S. No. 1

	OF MARYLAND—	CERTIFICATE OF DEATH	09920
1. PLACE OF DEATH		46	144
County Treder	of I	A Registration Dist. No	/7/
Village or City Near m	ounlanda	No.	St.,Ward
Length of residence in city or town where		ds. Howolong in U.S. if of foreign birth?yrs	
2. FULL NAME Hora	annie	effice	
(a) Residence: No. Mo	untaind	St. Q Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	EATH
of m.	OR DIVORCED (write the word)	(Month) (Da	193 - 193 - Year)
HUSBAND of (or) WIFE of	Rige	22. A I HEREBY CERTIFY That	, I attended deceased from
0,1110	. / 0000	June 15 , 1932, 10 Sep	1-20, 1922
DATE OF BIRTH (month, day, and year)	los, 18-186.	Hast saw h aliva on	, 19; death is said
AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, atm.	
6819	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Impowere as follows:	Pate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	Jansen 6	- A	
SAWYER, BOOKKEEPER, etc.	11	Canan livin	1930
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Data dacasad last workad at this occupation (month and	un Hame		
To. Data dacassad last worked at this occupation (month and Alec year)	11. Total tima (years) spent in this 45 yr		
		Other Contributory Causes of importanca:	
2. BIRTHPLACE (city or town) (Stata or country)	(h (O)		100
1	L'hiles	Clerenia -	1752
	m perces		
13. NAME trederich pello 14. BIRTHPLACE (city or town) (Stata or country)		Name of operation	Date of
15. MAIDEN NAME MAAA	Vinno		s thera an autopsy?
LE DISTURI AGE COM	, // 0	23. If daath was dua to external causes (VIOL ENCE) fill in also t Accidant, suicide, or homicide?	
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town) (Stata or country)	16 60	Whera did injury occur?	jury, 19
7. INFORMANT Les 1 (Addrass) Les 1	Rice	(Specify city or town, cot Specify whether Injury occurred in INDUSTRY, in HOME, or In	enty and State) PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	cours 110		
Placa Levistour	Date Seth \$, 1932	Manner of Injury	
9. UNDERTAKER MA TEACH (Address)	agen Hong	24. Was diseasa or injury in any way related to occupation of di	acaased? ecv
Seh 3 2 37 11	mi 1	(Signed) Horris A Brie	C . M.
0. FILED 19	nna /// yones	(Signed)	1 111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., "as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term. "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
- 4			
Other contributory causes of importance:	wing:	Other contributory causes of importance:	
Gallstones	Mily 1, 1923	Gastroenteritis	1 year
y.			
	PLACE		

5	
. M. M.	

V. S. No. 1

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A LANGE MAN AND COMPANY AND	IL.	e ca	ATH	por
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	RIL	ion s	SE	N is
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH #9921
1. PLACE OF DEATH	
County trefluck	Registration Dist. No. 177
Village or City Thumon	No. St., Ward
Length of residence in city or town where death occurred 10 yrs, mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Charles Willar	& Roligison
(a) Residence: No. Thurman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Martha Robinson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Non 2nd 1853	I lost saw h and alive on 9/2 1932; death is seld
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at
78 / 3 25 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Returned SAWYER, BOOKKEEPER, etc.	J. J
9 Industry or business in which	Cerebral pluron bay \$14/32
work was done, as SILK MILL, Itelier	numpuga
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) hot burnes	Other Contributory Causes of Importance: 1930
13. NAME Chas. n. tohisson	
13. NAME Chas, M. Tohingson 14. BIRTHPLACE (city or town) MAN (State or country)	Name of operation Oate of
(State of Country) fur frame	Whet tast confirmed diagnosis?
15. MAIOEN NAME (Ima Creaty 16. BIRTHPLACE (city or town) has been for country) (State or country)	23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Meh Byon	Accident, suicide, or homicide?
17. INFORMANT Mys Jernon Kitterley	Where did injury occur? (Specify city or town, county and State) Spacify whathar injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Mullion Mal	
Place humanh 130m. Och /, 1933	Manner of injury
19. UNDERTAKER Manager Hammer (Addrass) All washington had	24. Was disaase or injury in any way ralatad to occupation of daceesad? 22
20. FILEO 9/3.0/, 1932 anna M. Jones	(Signed) Morris W. Berely M. D.
Registrar.	(Address) / hurmony + MA

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County trederick	Registration Dist. No. 13/
Village or City Near Frederick	NoSt.,Ward
Length of residence in city or town where death occurred 10 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) 3ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ettie Herolelberg	er Wolnstock
(a) Residence: No. Urbana Frederich Co	Megl, Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
Remale ACOLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Service (Day) (Year)
58. If married, widowed of divorced HUSBAND of (or) WIFE of Lewis Rosenstock	22. I HEREBY CERTIFY, That I attended deceased from
1. 19 181-1	
6. DATE OF BIRTH (month, day, and year) 4 - 17 - 183 6 7. AGE Years Months Days If LESS than	I last saw h last said to have occurred on the date stated above/at 3 2 m.
76 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Change letous un
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this open witing (month and	677.10
b) Date deceased last worked at this open of time (menth and 19.3.2 spent in this occupation turns occupatio	14 - 17 d
12. BIRTHPLACE (city or town) Cumberland, MIS	Other Contributory Canaes of importance:
(State or country)	Jane Jo
13. NAME Samuel Keidelberger 14. BIRTHPLACE (city or town)	your light has
14. BIRTHPLACE (city or town)	Name of operation
(State of country) Car a rea	What test confirmed diagnosis? Was there an autopsy?
1 15. MAIDEN NAME Velen Dergman	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lelen Bergman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Wavaria	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carmel Olosenslock (Address) Frederick mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Baltimore Hebrew	Manner of injury
Place Dal Timore Midbate 9 - 9 193	Nature of injury
19. UNDERTAKER Starry & Carly (Address)	24. Was disease or injury in any way related to occupation of deceased? Mb.
20. FILED 7- Attenution 328 ma. I mcausles:	(Signed) A. Surtin (save) M. D.
Registrar.	(Address)

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, of the occupation can be secured. Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Other contributory causes of importance: Gallstones	2261,1 yoM	Other contributory ca Gastroenteritis	:93nstroqmi to 292us	I year
Сегергаі һетоггһаде	7291,8 yiul	Perdondis	RECEIVED	obv shvp g
Chronic interstitial nephritis	1261	Run over by street car		I meek ago
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	ferno to estal	The principal cause of importance were as Allack of epilepsy	of death and related causes sa follows:	face of onset
Example I			Example II	

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 09923
County Frederick	Registration Dist. No. / 3/
Village or City Frederick	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrs.	mos. 2/ds. How long In U. S. if of foreign birth?
(a) Residence: No. 3. W. 13th Fig. (Usual place of abode)	Sansago Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Married)	21. DATE OF DEATH Months (bay) (Year) (Year)
(1) Husband of Angessette & Toms (1) (or) WIFE of Virgie 6. Staley (2)	22. AHEREBY CERTIFY That I attended deceased from the state of the sta
AGE Years Months Days If LESS that	n to have occurred on the date stated above, at 6-45-70:
84 3 21 Iday,	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, Garmer 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at Moar 11. Total tima (years) spent in this securation (month and	Migheret 193
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Frederick 60 (State or country) Moanuland	Dther Coatributory Crases of Importance:
13. NAME John Sanner 14. BIRTHPLAGE (city or town) Procederich Bo	Nama of operation Deta of
(State of country) Marylana	What test confirmed diagnosis?
15. MATDEN NAME Sarah A. Schildkeneck 16. BIRTHPLACE (city or town) Srecherich Co (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT Motor Virgie & Sanner (Address) 3. W. 13th St.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL Place Mot. Olivet Locumbate Selv 10, 195	Manner of injury
19. UNDERTAKER Thomas To Traice (Address) Figederick.	24. Was disease or Injury In eny way related to occupation of deceased? 200
20. FILED 9 Seft - , 1982 ma melined	(Signed) Address And.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Vr. Heline

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19924
1. PLACE OF DEATH	<u> </u>
County Frederick	Registration Dist. No. 140
Village or City Woods boy	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
1 1200	San long
2. FULL NAME Juna Sette	OA Mard
(a) Residence: No. (Usual place of abode)	St Ward. If nonsesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month day and man) 2	Llast saw here alive on Shirt 10 1932; death is said
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.29.7.m.
57 6 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ellerin Caramonaco
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other Contributary Causes of importance:
(State or country)	
13. NAME Gro. 6. Saylor	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Orthann Tear	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Passe Tee Saylor (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Sept. / 6, 19.3 3	Manner of injury
19. UNDERTAKER Proell & Albanga (Addrass) Woodsboro Myd	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Syl, 15, 1932 Ca Privale Registrar.	(Signed) (C (C) (C) (M. D. M. D. (Address) M. O. M. D. (Address) M. O. M. D.

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Example 1		Example II	
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Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CELVES	A -
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BIND

	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE O	E_DEATH	HIN CA.	03320
County	+ rederi	112/100 A	Registration Dist. No. 21:
Village or (City trede	uto techy	death occurred in a hospital or institution, give its NAME instead of street and number
Length of res	idence in city or town where	death occurredyrsmos	
2. FULL NA	ME Ed. Th	, Yroman &	eh 12-26e
(a) Resider	1	Johnson !	OSt., Ward.
` '		(Usual place of abode)	If nonresident give city or town and State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 2 3 (Day) , 193 ² (Y
5a. If merried, widow HUSBAND of	ved, or divorced		22. I HEREBY CERTLEY, That I ettended decease
(or) WIFE of	4.81-2	Ehwarrer	19/20/32 19 to Sept 23
6. DATE OF BIRTH	(month, day, and year)	Tel 15-1895	Hast sawher alive on Sept 2 3 ,1932; death
7. AGE Ye	ars Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 9 _ 4 _m.
C.	5 / 1 /	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of	ession, or particular work done, as SPINNER,	Les es en le	C. P. P.
	business in which		dohar tuermonia 20
S. Industry or work was SAW MI	is done, as SILK MILL, LL, BANK, etc.	un torre	Cicito Calin DAL
- 11113 0001	sed last worked et	11. Totel time (years) spant in this	with a water water a corp
year)	D.	533 occupation / Ugra	Other Contributory Causes of importance:
12. BIRTHPLACE (c		elybring	
SIGHT OF COL	8110	malilli.	0 0
프	The state of the s	diestone	Name of operation & Detroiting duparation of
14. BIRTHPLAC (State o	r country)	A II	What test confirmed diegnosis? Was there an autopsy
15. MAIDEN N	IME Quo	a mark	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
	E (city or town)	lesburg	Accident, suicide, or homicide? Date of injury, I
	r country)	000	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT // (Address)	no tolyn	estranomo	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMA	TIDN, DR REMDVAL	1.1.1-15-	Manner of Injury
Place (C	o assor	Date 25, 195-	Nature of Injury
19. UNDERTAKER (Address)	2 grea	mont md	24. Wes disease or injury In eny wey related to occupation of deceased?
20, FILED 23-5	14 22 12	of mar. a. J.	(Signed) & Phomas

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
nce:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927 ance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
= =	4 ()	:21
should occur		Registration Dist. No. 18
she	Village or City / Adelown	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
70	Length of residence In city or lown where deeth occurredyrsmas	ds. How long in U.S. if of foreign birth?yrsmosds.
ANS	2. FULL NAME Charles It St	
YSICIANS	The second secon	agricu
PHYSICI	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Exs	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED write the word)	21. DATE OF DEATH Seff. 19 193 2 (Year)
X A CT classified	5a. If married, widowed, or divorced HUSBAND of	
A C	HUSBAND of Cra Shafer	22. I HEREBY CERTIFY, That I attended deceased from
	1 1971	, 19, 19, 19, 19, 19, 19, 19, 19, 19
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw h elive on, 19; death is said to heve occurred on the dete stated ebove, et. /,
stated properl certifica	72 odd 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuspoof Importence
sta pro pro	ormin.	were es follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	John Colvertos Treas
	9. Industry or business in which	usease.
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9º Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date doceased last worked at this occupetion (month end	
(T) 40	year) occupation occupation	Other Contribution Contributions
erms, so that instructions of	12. BIRTHPLACE (city or town) Middle town	Other Contributory Causes of Importance:
	(State or country) Mariland	
plie rm nst	13. NAME Daniel Shaker	
supplied.	14. BIRTHPLACE (city or town)	Neme of operation Dete of
ly s	(State or country) Maryland	What test confirmed diagnosis? Was there en eutopsy?
carefully supplied. H in plain terms, ortant. See instru	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
be car EATH import	(State or coughty) Marykana	Where did Injury occur?
	17. INFORMANT Mande Shaler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
should OF DI	(Address) Middle toward M	
sho O	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
mation s CAUSE TION is	Place ligalelouvoete sep 1219.32	Nature of Injury
mation CAUSI TION	19. UNDERTAKER Con 23 Gladkill	24. Was diseese or injury In eny way related to occupation of deceased?
HOH	(Address) Middle bown (Md	If so, specify
T	mouse lest 21 ,32 / Gran man & miles	(Signed) RV Hauser, - M.D.
0	20. FILE PROPERTY 1978 (Segistrar.	(Address) Middle Jours
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example 1	-	Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	irilis .	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
		4		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones	Company of the State of the Sta	May 1,1923	Gustroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

be

AGE should be

of OCCUPA-

Exact statement

		S	TATE C	F MAR	YI AND-	CERTIFICATE OF DEATH	100
1	I. PLACE OF			1/1////		TEL SI DENTIL	1~1
	County_F	rederi	i ele			Registration Dist. No.	130
			nt of Ro	cks		No. St.	Ward
	Length of resi	dence in cit	ty or town where	death occurred. 3	Dyrs mos	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
						Jist - III	va us.
•	2. FULL NAI (a) Residen		Join Jası	nngron.s.	my	St. Ward.	
	(a) nesiden	cc. 110		(Usual place	of abode)	If nonresident give city or town and	State
_				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 17th.,	1932
F-	male	Whit		married		(Month) (Day)	(Year)
ъa.	. If married, widow HUSBAND of (or) WIFE of		ence Comp	her		22. I HEREBY CERTIFY, That I attended	deceased from
	(01) 11112 01	1.1.01	orioc com	JIIG1		194 10	, 19
-	DATE OF BIRTH			pril 14,	1857	I lest saw harmanive on a local 19	.; death is said
7.	AGE Yaa	rs	Months	Days	If LESS than I day, hrs.	to have occurred on the date stated above, at	
	7 . Trade, profes)	5	1 3	ormin.	were as follows:	Date of onset
OCCUPATION	kind of w	vork done, BOOKKEE	as SPINNER. 4	aborer		Broken ruch	en unitat
PAT	9 Industry or	business in	which			(Corrord bertsten)	
DO:	SAW MIL		ILK MILL,	12 Tabel 6			
ŏ	this occu	pation (mor	ith and	spe	ime (yeers) nt in this upation	Tall accountil	
			7, , 0		0	Other Contributory Causes of importance:	
12.	. BIRTHPLACE (cit (Stete or cour	ty or town). ntry)		<u> </u>		Ta gas /sapaga	
ER	13. NAME	John	Shry				
FATHER	14. BIRTHPLACE	(city or to	wn) Vire	inia		Name of operation Date of	
	(State or	country)				What test confirmed diagnosis? Was there an a	autopsy?
HER	15. MAIDEN NA	ME MS		dell		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE		wn) Virgi	nia		Accident, suicide, or homicide?	10,1932
(State or country) Mrs. J. V. Shry.						Where did injury occur? (Specify city or town, county and State	ie)
17. INFORMANT						Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 101110 01 110025, 124.						Manner of Injury Fall - Open stol.	
Place St. Pauls Pt. Rocks Date Sept. 19, 19 52					t. 19, 19 22	Neture of Injury Barklan 21 4	
10	UNDERTAKER 1	R. 1	Etchison	& Son.		24. Was disease or Injury In any way ralated to occupation of deceased?	ho
19.	(Address)					If so, specify	
20.	FILED SAL	-18	932 T	cyle/	(rulos	(Signed) J. Unh Crutasa	M. _D .

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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Exa	mple 1	I I	Example II		
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OUT A	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1132	1921	Run over by street car	1 week aga	
Cerebral hemorrhage	BURDAR	July 5,1927	Peritonitis	3 days ago	
`*	V.	9.			
Other contributory eauses of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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FATHER

MOTHER

13. NAME

14. BIRTHPLACE (city or town)4

(State or country)

state of infor-

OCCUPA. plnods

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09928
1. PLACE OF DEATH	100
County Frederick Within the Con	Registration Dist. No. / 3/
Village or City Frederick	No. 300 Rockwell Tessacest., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sallie Frank Son	
(a) Residence: No. 300. Toockswell Farma	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married** **Married**	21. DATE OF DEATH Sefa 22 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. W. Shmith	22. I HEREBY CERTIFY, That I altended deceased from April 24th 1932 to Sept. 22d, 19 32
6. DATE OF BIRTH (month, day, end year) Nov 20 1869	Hast saw her alive on Sept. 22d, 1932; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 9^{-30} $\mathcal{P}_{\rm m}$
63 10 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER House Wife SAWYER, BDDKKEEPER, etc.	Carcinoma of the uterus
9. Industry or business in which work was done, as SILK MILL, Orum Home	
10. Date deceased last worked at this occupation (month and 1952 11. Total time (years) spent in this occupation 31	
12. BIRTHPLACE (city or town) Hagerstown (State or country) Moandond	Other Contributory Causes of importance:

23. If death was due to external causes (VIOLENCE) fill in also the following Where did injury occur (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of Injury If so, specify

land

Frederí

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Ex	cample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Or, Consey

131.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
Minfor- state UPA-	1. PLACE OF DEATH	82-a // (9929	
	county Tredrices	Registration Dist. No. 131	
should of OCC	Willson City Andrick "Miles	No. 220 E. 3 - St. Wa	erd.
-= 0	14-	death occurred in a horpital or institution, give its NAME instead of street and number)	
Every CIANS ement	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	ds.
CIA	2. FULL NAME G. Of elehuma Co	Stanton	
RD. Every YSICIANS statement	(a) Residence; No. 220 £ 3 2	Sf., Ward.	
	PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
RECORD. PHYSI Exact star	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
	OR DIVORCED (write the word)	Sept 19 193 2	
T L Ed.	5a. If married, widowed, or divorced lim to Cantino	(Month) (Day) (Year)	
MARET ACT assified	(or) WIFE of	22. f HEREBY CERTIFY, Thet I attended deceased from	om
N X X X X X X X X X X X X X X X X X X X	The second second	Dept 1, 1932, 10 dept 193.	2
BIN EX EX y cla	6. DATE OF BIRTH (month, day, and year)	I last saw he affive on 19 3 2 death is sa	ald
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at	
FOR IS A I stated properlectification	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	ot
70	8. Trada, profession, or particular kind of work done, as SPINNER, However Bookkepper at a SAWYER BOOKKEPPER at the same of th	(200) 0 1/2	
THI d h		Cegral Heumuses sys-	7
SERVI NK-T Should it may n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this recurables (must hand 1.0	9	_
INE SP	10. Date deceased last worked at this occupation (might) and 14. 2 7 spent in this 24		
	yaar) + Chy 1/0 L occupation 0.7	Dther Cantributery Causes of importance:	
Z 49	12. BIRTHPLACE (city or town). Treduced		
MARGIN UNFADI supplied. a terms, so	(State or country)	Sypertenting year	ie
MARG: UNFA supplied n terms, ee instri	13. NAME 10 M. Falk 14. BIRTHPLACE (city or town) Berling (State or country)	J. J.	
2 0 - 0	14. BIRTHPLACE (city or town) Joerling	Name of operation. Porce Date of	
H 42 42	(State of Country)	What test confirmed diagnosis?	
PLAINLY, WITH hould be carefully OF DEATH in pla very important.	15. MAIDEN NAME CATTURE CALLED	23. If death was due to external causes (VIDLENCE) fill in also the following:	
CAT.	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
AINLY, Id be can DEATH	State of County of Standard	Where did injury occur? (Specify city or town, county and State)	
PLLY OUIG	(Address) Traday Trad	Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
Should OF D	18. BURIAL, CREMATION, DR BEMDVAL	Manner of injury	
	Place but olivex Date Verk 4 1932	Natura of Injury.	
WRITE mation si CAUSE TION is	10 % loling +d-		
O. 1	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
B. K.	No. of the second second	(Signed) Duorus M.	D.
> z()	20. FILED 2) - Sept , 193 2 tra Mekury.	(Address) Freedentell	1
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-0/
	U		

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Example I	-	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
061 3 1305					
ADDITIONAL SPACE IN	dr Furth	ER STATEMENTS BY PHYSICIAN			

1

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Frederick	Registration Dist. No. 144
Village or City loreaserstawn Mos (if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred defyes lemes.	
2. FULL NAME Slorgs Steven	\$
(a) Residence: No. Coreaccerstawn sud	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Self (Day) (Yaar)
5a. If married, widowed, or diversed as Odella House	/ 1
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1000 21-1812	aug. 30, 1930, to SEpt. 22-, 1932
6. DATE OF BIRTH (month, day, and year) NUCL . X 1 - 1862 7. AGE Years Months Days If LESS than	I last saw harma aliva on Set 2/, 1982; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
67 9 ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Chronic Valrular 7-1 cart chainer
work was done, as SILK MILL, Shoe Salesman	
9. Industry or businass in which work was done, as SILK MILL, Shoe Salesman SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and 920 year) 11. Total tima (years) spent in this occupation occupation	
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Tragerslown	Chronis Diarksa
(State or country)	Lin S.S. 94-10-12
13. NAME Chas Stevens	
13. NAME Chas deres	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 1
15. MAIDEN NAME Eliza ranger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Presquestown	Accident, suicide, or homicide?
S (Stata or country)	Where did injury occur?
17. INFORMANT MAS Les Stephens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Orlanger Storpata Stop 2,41932	Nature of Injury
19. UNDERTAKER A COLLAR CONTROL (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 9/2-3/, 1932 Anna M. Ponco Registrar.	(Signed) 6 a. Stulf M.D. (Address) Wandalana M.D.
To the territory of the company	(Marios)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. S.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	000 - F 100 - H	3 days ago
			DELVED	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

FOR BIND

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9931
County Street	Registration Dist. No. / 3/
Village or City FRALL	No. 309 & Felleck St., Ward
Length of residence in city or town where death occurred \$7yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs mosds.
2. FULL NAME Lydia Solelle	Sheichmen
(a) Residence: No. 1309 Reference	Fractions
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced Australia (or) WIFE of Color	22. HEREBY CERTIFY, That I attended deceased from
The second of the second	>211 23 20 A 1932, to 22/11 23 , 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on alive on , 1974; death is said to have occurred on the date stated abova, at 1/120Pm.
7 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Date of onset Seff 28
SAWYER, BOOKKEEPER, etc	veftoling cerebal 1992
10. Date deceased last worked at this occupation (month and 1832.	hermannage ZAM
12. BIRTHPLACE (city or town) Waryland (State or country)	Other Contributory Causes of Importance:
13. NAME Sage Daer	0
14. BIRTHPLACE (city or town) Fredhale Mele	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary E, Surlas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary Louis Chang (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION OR REMOVAL ~ 0 150.	Manner of injury
Place He Clevele Cemely Date Sept 26 , 1932	Nature of injury
19. UNDERTAKER CE Ching + Cent	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 24 September 32 Done & mclinder.	(Signed) M. D. M.
Registrar. If more blanks are needed, address state Revistrar.	Address)
, , , , , , , , , , , , , , , , , , , ,	The Comment of the state of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9932)
County_ Frederick	Registration Dist. No. 12/
Village or City Frederick	No. 9 Saint Street St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Sarah E. Taneyhill	
(a) Residence: No. 139Saint St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Female 4. Color or RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from
October 1 / + 5 7	lest saw h. Alive on 9-28 193/2 deeth is said
6. DATE OF BIRTH (nhattin, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . AB D m
75 I day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular Domestic	were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	0
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) This occupation (month and	Tastris caremona 7/1/A
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and	
27	Other Contributory Causes of Importance:
12. BIRTHPLACE (city of town)	Cc-1
	Justice alia gear
13. NAME John Tanayhill 14. BIRTHPLACE (city or town). Maryland.	
[14. BIRTHPLACE (city or town) Naryland (State or country)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
[Stete or country]	Where did Injury occur?
17. INFORMANT Tyler Taneyhill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, DR REMOVAL Place Fairvoiw Comp. Date 2 32	Manner of Injury
	Nature of Injury
19. UNDERTAKER Albert V. Dixon	24. Wes disease or Injury In any wey related to occupation of deceased?
(Address) Frederick	If so, specify (Signed) (Signed) (Signed) (Signed)
20. FILED - COUPLY, 132 Ora Melling, Registrar.	(Address) Talench hy
ff ff	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephribis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

S. No. 1

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63 ż

PLACE OF DEATH County Federal	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Brunswick Mana 2 Jan 1 1 11 Hor	St: Ward) (If drath occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE MARRIED, Durage Willowed OR SINGRED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH STATE (Month) /4 (Day) /93 (Event) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) , 1932 (Year)	that I last saw h Orive on Ulful 192
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER HARRY MANING BUTTON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) *State the l is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place
OF MOTHER (State or Country) W + W W WALEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Harry Melburrautton. (Address) Brunswick Maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Supp villa Supp / 4 19 3.
Filed Soft 14 1932 less H. S. Hranges Registras	Hille Jaubing Kung ville

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No./1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g: ged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, cupation is very important, so that the relative healthor At Home, and children, For many occupations a yrs). Form loborer, For persons who have no occupation Laborer-Coal minc, etc. Womsingle word or term on not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature lelonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uracmia," "Weakness," etc., when a definite disease "Enaustion," "Heart Lake," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably sucide. The n.ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is pesential and must be obtained before the certificate is permanently filed.

RECEIVED

MARGIN RESERVED FOR BIND

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19934
1. PLACE OF DEATH	<u></u>
County FREDERICK	Registration Dist. No. 145
Village or City MIDDLE TO MN (BURAL)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN L. TOMS	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
MALE WHITE SINGLE	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OC.T. 1. 19 29	last saw h 1 alive on and 1 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 1 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sarcoma of not
	- tagvey
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and Mont) spent in this occupation Mont	
12 OLD TIDE LAP (situations)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME GRAYSONG. TOMS	
13. NAME TRAYSONG. TOMS 14. BIRTHPLACE (city or town) 14. Significant country)	Name of operation Data of
(State of Country)	Whet test confirmed diagnosis? Utility Was there an autopsy? 4-4
15. MAIDEN NAME BESSIE M BOWLUS 16. BIRTHPLACE (city or town) Near Middletown (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) near Middle town	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT TRAYSON TO MS (Address) MIDDLETOWN, MD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place. M. P. D. L. E. T. D. IV. D. Date	Nature of injury
19. UNDERTAKER C.T. 10. ST. A.D. H. L. C. Address) Address - A. C. T. S. W. M. C. M. D.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Delet 7, 1932, William & Wachtel	(Signed) PW. Boll M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09935
1. PLACE OF DEATH	3
County Tre devices	Registration Dist, No. / 3/
Village or City Moulline Hospital	No. Mosterge Huskital St Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Baley Jane	ds. now long in U.S. If of foreign birth?_Vyrsmosds.
(a) Residence: No.	St Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Mon(h) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) 20 Selet - 1932	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, at \mathcal{G} t
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of one et
O I rade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Oate deceased last worked at this occupation (month and this programment and the programment an	Still Com
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
E 13. NAME LON True	
13. NAME Juy Juye 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
I 15. MAIDEN NAME PLANAIL ENCOLAR.	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Plant Erant 16. BIRTHPLACE (city or town) Many Land. (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT James a Joice Sust.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Discourage Med Date Det 1982	Manner of Injury
19. UNDERTAKER A 22 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	24. Was disease or injury in any way related to occupation of deceased?
20. FILED SO Sext, 1932 Francisco	(Signed) Blancommunity M. O.
Registrar.	(Address) That Cried

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAUVE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	7001 4 100	3 days ago
			GEVIEL	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
			•	

V. S. No. 1

	CERTIFICATE OF DEATH 09936
1. PLACE OF DEATH County Trederick	Registration Dist. No. 139
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME John With t (a) Residence: Np. 2024 Warford (Usual place of abody)	hum aste Ward. Balto Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Year)
HUSBAND of amelia Vity thum	22. Sept 2 GERTIFY, That I attended deceased from 1932, to Sept 24, 1932
6. DATE OF BIRTH (month, day, and year) 27, 1865 7. AGE Years Months Days If LESS than	I last saw h_smallve on Sept 24, 1932; death is said to have occurred on the date stated above, at 1.05 f. m.
67 7 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Butcher SAWYER, BDDKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Pulmonary Luberaloss
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and Sept 193) 11. Total tima (years) spant in this occupation with the second sept 193.	
12. BIRTHPLACE (city or town) Maryland. (State or country)	Dther Contributory Causes of importance:
13. NAME John Witz thum 14. BIRTHPLOSE (city or town) Germany	
14. BIRTHPL (DE (city or town) 9 ermany (State or country)	Name of operation Dete of Dete of What test confirmed diagnosis? Chest X ray Was there en autopsy? MW
15. MAIDEN NAME / Ilda - !	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Sumany (State or country)	Accident, suicide, or homicide?
17. INFORMANT amelia Vitz thum (Address) 2,24 Harford and Baltond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place & allo. M.C. Date Ppl. 27,1932	Manner of injury
19. UNDERTAKER JOO. Ruth, John Inc., n. (Addless) 735 Harford Jave. Balto.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED LAST TV., 19 3 V Registrar.	(Signed) Laward J. Maffer M. D.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREATT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		reder			No See College	Registration I	Dist. No. 1312
			ederick ty or town where	death occurred	and I	No. death occurred in a hospital or institution, give its NAME ds. How long In U.S. if of foreign birth?	
2.			William 546 E. C	Church S	n Wagner t., Freder	uch maryland	give city or town and State
Muscho	PERSON	AL AN	D STATIST	- 4	RTICULARS	MEDICAL CERTIFICATE	OF DEATH
a. SE		white	R OR RACE		MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH Sept. 19	, (Day) 2 (Ye
	f married, widow HUSBAND of (or) WIFE of	Lula	M. Kepl		1005	22. HEREBY CERTIF	9. That I attended decease
. D.	ATE OF BIRTH ((, and year)	June 20	If LESS than	light saw harmalive on alive on	19——; death
. A		67	Months	Days 2.9	1 day hen	to heve occurred on the dete steted bove, at. 3. 4. The PRINCIPAL CAUSE OF DEATII and related cause were as follows:	tition. B⊾of Importance
		L, BANK, e	tc			s Charles own	way for
2	10. Date decease	ed last wor pation (mor	ked at 192		stal time (years) 23 — spent in this occupation	Other Contributory Causes of importance	while fig
12. E	10. Date decease this occupyear)	ed last wor pation (mor y or town).	ked at /92 nth and /92 Maryl	and		Celvul Non	may for
12. F	10. Date decease this occupyear)	ed last wor pation (more y or town). htry)	Maryl Wagner	and		Other Contributors Causes of importance! Church Album Name of operation.	Date of
12. F	BIRTHPLACE (cit (State or cour 13. NAME Jo) 14. BIRTHPLACE	y or town). (city or to country)	Maryl Wagner. wn) Maryl	and and		Other Contributors Causes of importance! Church Album Name of operation.	Was there an aulopsy
12. E	BIRTHPLACE (cit (State or cour 13. NAME JO) 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or Cour 15. MAIDEN NAI 16. BIRTHPLACE (STATE OR COU	d last worpation (morpation (morpation)) y or town). dry) an A. (city or to country) ME Zet (clty or tor country)	Wagner. wn) Maryl ruah All	and and en aryland		Other Contributory Causes of importance. Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	Was there an aulopsy? I in also the following: Date of injury
12. E	BIRTHPLACE (cit (State or cour 13. NAME JO) 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or Cour 15. MAIDEN NAI 16. BIRTHPLACE (STATE OR COU	y or town). (city or to country) ME Zer (city or to country) ME Zer	Maryl Wagner. wn) Maryl ruah All	and en en eryland		Other Contributory Causes of importance. Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	Was there an aulopsy? I in also the following: Date of injury
12. E	BIRTHPLACE (cit (State or cour 13. NAME JO) 14. BIRTHPLACE (State or 15. MAIDEN NAI 16. BIRTHPLACE (State or 15. MAIDEN NAI 17. MAIDEN NAI 18. BIRTHPLACE (State or 15. MAIDEN NAI 19. BIRTHPLACE (S	d last wor pating (more ating (more ating (more ating (more ating and a second and	Maryl Wagner. Wanyl wn) Maryl wn) Maryl wn) Maryl wn) Maryl wn) Maryl wn) Maryl	and en en eryland gner.		Other Contributors Causes of importance. Name of operation	Was there an aulopsystem along the following: Date of injury 15 town, county and State)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V-D-				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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No.	0
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-c U9938
County Irederick	Registration Dist. No. / 3/
Village or City Montevue Hospital	NoSt, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 9. ds. How long In U.S. if of foreign birth?
2. FULL NAME GOLD 40 July 20 Nord	10.
(a) Residence: No. W. Hutandale Mi	L St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Left 18 (Day) (Yaar)
5a. If marriad, wldowed, or divorcad HUSBAND of	
(or) WIFE of Sophia Mersingle	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw hind alive on lest 2 7 19-32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at 5.300, m.
85? Wulstown or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
8 Trade profession or particular	Date of one of
SAWYER, BOOKKEEPER, atc.	buay 28
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was done, as SIK MILL, SAW MILL, BANK, atc. 10. Date decasad last worked at 11. Total time (years)	Chronice Majocarditie 1932
this occupation (month and year) war would 9, 1928 spant in this occupation 60 year	
12. BIRTHPLACE (city or town) Warul and	Other Contributory Causes of importance:
(State or country)	
# 13. NAME John beddle	
13. NAME John Weddle 14. BIRTHPLACE (city or town) Wangland	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Betty Weisinger 16. BIRTHPLACE (city or town) Wary and	23. If daath wes due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) - Wasyland	Accident, sulcide, or homicida? Data of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carries to the Surel Surel Surel	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lewis form !Date Sefy 30, 1932	Natura of injury
19. UNDERTAKER M. X - Creaserth	24. Was diseese or injury In any way related to occupation of deceasad?
(Addrass)	If so, specify
20 FILED & Set 193 2 Doral McQuel	(Signad) B. O. Thomas M.D.
Registray	(Address) Fraderick, Md
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHYSICIAN
				Α.		

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Trederick	Registration Dist. No.[3]
Village or City Monteum Hamital	No. St Ward
(If Length of residence in-eity or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Transco Une done	
(a) Residence: No. Iro dericlo Md.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Orthur Wee Low	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 / 9 / 4	I last saw her alive on Ser 27 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _8 m.
18 3 un 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Houseufe	2 /1982
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Tulmonary Juhersulous
S. Hade profession, or particular, or particular with the work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, or or 2 House of the work was dona, as SILK MILL, or or 2 House of the work was dona, as SILK MILL, or or 2 House of the work was dona, as SILK MILL, or or 2 House of the work was dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date daceased last worked et this occupation (month and year) Local 2 Lg, 1 G, 3 L occupation occupation.	
12. BIRTHPLACE (city or town) Wangla (State er country)	Other Custributory Causes of Importanca:
A	
E A COSSESSION	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sangle Ellicutt	What test confirmed diagnosis? Wes there an autopsy? 23. If deeth was due to axternal causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Sarah Ellicutt 16. BIRTHPLACE (city or town) Waryland	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT James, a. Jones Sunt.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Francew Com Date & spr. 30, 1932	Nature of Injury
19. UNDERTAKER Thomas F Bice (Address) Fredorick Wood	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 29 - Sept. 1982 Doce Meenel	(Signed) Bolivines M.D. (Address) Traderick ML
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3 1

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Chronic interstitial nephritis	1921	Run over by street car	GGU1 -	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	TOBMEDE	3 days ago
			L	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
				L

	and some of		
			18 2 7 4 4 7 2 2

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

pluods S. No.

1. PLACE OF DEATH

County

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CO		Attack of epilepsy	1 week ago
Chronic interstitial nephritis1	1921	Run over by street car	1 week ago
Cerebral hemorrhage July	y5,1927	Peritonitis	3 days ago
OCT 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
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